



Anti – Inflammatory

Analgesic

Antipyretic

Study on

SIVAKARANTHAI ILAI CHOORANAM

Sphaeranthus amaranthoides Burn.f

and

Anti – Spasmodic and Analgesic

Study on

VENKARAM PODI

Sodium tetra borate

$\text{Na}_2\text{B}_4\text{O}_7 \cdot 10\text{H}_2\text{O}$

DISSERTATION SUBJECT

For the partial fulfillment of requirements to the Degree of

DOCTOR OF MEDICINE (SIDDHA)

(GUNAPADAM BRANCH)

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(Affiliated to the

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INTRODUCTION

“உணவே மருந்து மருந்தே உணவு”

This is quoted in Siddha System. By the specific regulation of food consumption one can prevent and cure the disease.

Siddha science is a holy science. The word Siddha comes from the word “Siddhi”, which means that attainment of spiritual perfection. The period of origin and development of Siddha System is not ascertained by any one. Because it is as old as Tamil language.

Our ancient people have much belief on herbs and natural substances to maintain their health as well as relief of their ailments. The simplicity and efficacy of herbal drugs made it popular in rural areas (Ethno Medicine). The scientific and analytic eyes of the West have started to study the traditional philosophies and natural way of living in our country.

It is a pride full to every body that this ancient system of medicine belongs to our Nation. It is everyone’s responsibility to elucidate the hidden secrets of this system with the help of modern parameters. In spite of this, the author selected Sivakaranthai leaves chooranam (*Sphaeranthus amaranthoides* Burn.f.) for the disease Azhal keelvayu from Gunapadam Mooligai page - 228. It is not a newer discovery, but it is a simple endeavor of unveiling the secrets of Siddha Medicine with the assistance of Modern technology.

AIM AND OBJECTIVE

The World Health Organization (WHO) defines health as a “State of complete physical, mental and social well being and not only the absence of disease.” The doctrine was already proclaimed even before the pre historic period by the unique system of Siddha Medicine. Thus, this is the first system to emphasize health as a perfect state of physical, psychological, social and spiritual component of a human being. This explanation is quoted in Thirumanthiram.

“மறுப்பதுடல் நோய் மருந்தெனலாகும்
மறுப்பதுள நோய் மருந்தெனச் சாலும்
மறுப்பதினி நோய் வாராதிருக்க
மறுப்பது சாவை மருந்தெனலாமே.”

- திருமந்திரம் 8000

Azhal keel vayu (Osteoarthritis) is a very common condition, affecting the joints more frequently with aging. It is a major cause of morbidity of the working force, throughout the world about 4% of the world population is suffering from the disease. The extrapolation prevalence rate of osteoarthritis in our country is 78,314,013 and the estimated population is 1,065,070,607 (US census bureau, International Data Base-2004). The number of patients who come to Siddha Medical College Hospital is increasing day by day. This disease tops one of the frequently treated diseases in the Government Siddha Medical College Hospital. This disease affects the economically backward people particularly coolies. Epidemiological surveys also suggest that

physical factors involved in occupations such as farming are also important determinants.

The World Health Organization accepts the simplicity and efficacy of the plants. As most of the people are being poor, they need a simple cheaper and effective remedy for the diseases. Considering this, the author selected Sivakaranthai leaves chooranam for treating the disease Azhal keelvayu.

Since the pathological changes of the disease are irreversible, the overall prognosis for maintaining function and alleviation of symptoms are taken into consideration.

The aim of the dissertation is to study how well the drug Sivakaranthai ilai by its action alleviates the symptoms and improves the joint function.

Since no analysis so far has been made on Sivakaranthai ilai chooranam for treating Azhal keel vayu, the author wants to make a thorough study regarding the therapeutics of Sivakaranthai leaves chooranam for Azhal keel vayu with proper,

1. Description of Siddha literature evidences about Sivakaranthai
2. Botanical aspects
3. Collection of update works on Sivakaranthai ilai
4. Bio-Chemical analysis
5. Micro biological analysis
6. Pharmacological analysis
7. Bio-statistical analysis
8. Clinical assessment

REVIEW OF LITERATURES

BOTANICAL ASPECT

CLASSIFICATION

According to Bentham and Hooker classification “Sivakaranthai” is classified as follows,

Kingdom	-	Plant
Division	-	Angiosperm
Class	-	Dicotyledons
Sub-class	-	Gamopetalae
Series	-	Inferae
Cohort	-	Asterales
Tribe	-	Inuleae
Family	-	Compositae (Asteraceae)
Genus	-	<i>Sphaeranthus</i>
Species	-	<i>amaranthoides</i>
Botanical name	-	<i>Sphaeranthus amaranthoides</i> Burn.f.

Vernacular Names

Tamil	-	Sivakaranthai
English	-	Sweet basil, Fever tolosy, Cylon tolosy
Tel	-	Bodatharamu
Sans	-	Hapusha
Arab	-	Kamaphilusa, Kamafius
Duk	-	Jangli mulli, Jangli-kasmi
Hind	-	Kakronda

- T.V.S. Pillai Dictionary – Page – 2206

DISTRIBUTION AND HABITAT

***Sphaeranthus* Linn**

In Tamil Nadu 3 species of *Sphaeranthus* have been reported, they are *Sphaeranthus amaranthoides* Burn.f. *Sphaeranthus indicus*, *Sphaeranthus africanus* Linn

Locally these species are used medicinally under the following Tamil names.

***Sphaeranthus amaranthoides* Burn.f. - Sivakaranthai**

Sphaeranthus indicus - Kottaikaranthai

Sphaeranthus africanus Linn - Venkaranthai

Of these 3 *Sphaeranthus* species,

S. indicus is abundant and grow in rice fields and damp places in the plains.

S. africanus is confined to swampy and marshy places and not common.

S. amaranthoides grows in the ditches and seasonal ponds.

Coimbatore, Kanniyakumari, Madurai, Thanjavur, Trichy, Tropical Asia, Africa and Australia.

Medicinal plants of India-Tamil Nadu - 512

This species being an annual starts growing in the post monsoon months of December & January, survives hardly for 5-6 months, and then is dried. The withered fruits (seeds) arising a dry season again sprout in the next seasons ***Sphaeranthus amaranthoides* Burn.f.** Belongs to the family Compositae (Asteraceae).

Decan and caranatic from Mysore southwards mostly in drying ponds, water stagnated areas in the plains and wastelands.

Season

North East post monsoon months of Jan – April in Tamil Nadu.

Habit And General Features

Sphaeranthus amaranthoides is an erect branched annual herb, the stem and branches glabrous, bearing simple, alternate, toothed decurrently leaves on the stem and branches. Root fibrous clustered developed enough to hold the plant in the marshy soil.

External Morphology

Leaves

Simple, alternate, estipulate 2.5 to 7.5 cms long and varying width, linear oblong, obtuse serrulate slightly decurrent glabrous.

Head (inflorescence)

Small heterogeneous not rayed, collected together in close terminal dense avoid clusters cone lie reddish 1.5 - 2.5 cm long 1 to 1.5 cm diameter. The said clusters crowded on a large common receptacle and often having a general involucre of empty spinous bracts at their base of each head with few or many outer flowers female fertile and few inner flowers bisexual corolla tubular fertile or sterile involucre narrow with few inner flowers bisexual corolla tubular fertile or sterile involucre narrow with few

paleaceous bracts. Receptacles small naked. Corollas of female flower slender tubular minutely 2-3 toothed, of bisexual with tubular funnel shaped or tubular thickened tube and 4-5 lobed limbs.

Anther

Bases sagitate, auricles acute or tailed.

Ovary

Inferior, unilocular with one basal ovule.

Style

Arms filiform sometimes connate

Fruit

A dry dehiscent achene's .Achenes of female staled, ovoid, villious, of bisexual, large sessile, glabrous. Pappua (hairs) absent.

Seed erect.Plant is aromatic, smelling of Mint. Shade dried plants retaining the aroma for few months or so and become weak.

Official Part

Whole plant.

GUNAPADAM ASPECT

சிவகரந்தை

சிவகரந்தை என்பது தஞ்சாவூர், திருவாரூர், விஜயபுரத்தில் சாதாரணமாக வயல்களில் தன்னிச்சையாக முளைக்கும் ஒரு வகை செடி.

- T.V.சாம்பசிவம்பிள்ளை அகராதி - பக்கம் - 2206.

இஃது எல்லா இடங்களிலும் பயிராகும் ஒரு வகை குத்துச்செடி. இதிலும் கொட்டை கரந்தையை போல் இரண்டு பிரிவுகள் உண்டு.

- குணபாடம் மூலிகை வகுப்பு - பக்கம் - 228.

T.V..சாம்பசிவம்பிள்ளை அகராதி - பக்கம் 2206 ல்,

சிவகரந்தையை சாதாரணமாக சுரம், சருமநோய்களுக்கு உபயோகிப்பது உண்டு. அன்றியும் விந்துநஷ்டம், வாதாதி தொந்தம், அக்கினிமந்தம் இவைகளை நீக்கி, உடம்பிற்கு சடராக்கினியையும், அழகையும் உண்டாக்கும்.

“ஆமே நுகறுகரந்தை காயசித்தியாக்கும்”

- போகர் 1700

“இது மகாமூலி 23ல் ஒன்று”.

- பாவபிரகாசநிகண்டு பக்கம் -414.

பயன்படும் பாகம்

சமூலம்

சுவை

துவர்ப்பு

சிறு கார்ப்பு

தன்மை

வெப்பம்

பிரிவு

கார்ப்பு

சிவகரந்தையின் செய்கைகள்

ஜடராக்கினிவர்த்தினி

கபஹாரி

மணமூட்டி	-	Aromatic
துவர்ப்பி	-	Astringent
பசித்தீ தூண்டி	-	Stomachic
இசிவகற்றி	-	Anti-spasmodic
சூதகமுண்டாக்கி	-	Emmenagogue
சிறுநீர் பெருக்கி	-	Diuretic

சிவகரந்தையின் வேறு பெயர்கள்

செப்பினதோர் சிவறான நங்கையென்னும் பேரு

செயவல்லி பற்பனும் மூலியென்றும் பேரு

மப்பினதோர் பரிமளாதி மூலியென்றும் பேரு

மையல் தரு மகாமோ மூலியென்றும் பேரு

வப்பினதோர் வாச்சங்க மென்றிதற்குப் பேரு

வளமான யோனிப்பூ வென்றதற்குப் பேரு

திப்பின தீவானந்த மண்மூலியென்றும் பேரு

திறமாகச்சொல்லிவிட்டோம் சிவகரந்தையின் பேரே.

- அகத்திய முனிவர் பஞ்சகாவியம் பக்கம்-119

- பஞ்சகாவிய நிகண்டு பக்கம்- 183

T.V.சாம்பசிவம்பிள்ளை அகராதி - பக்கம் 2206

சுரக்கரந்தை,

சிவகருந்தி,

சிவகாமியம்.

நாறுகரந்தையின் பெயர்

“நாறுகின்ற கரந்தையுட நாமங்கேளு

நாகரீகமான அகந்தனியுமாகும்

தேறுகின்ற வரசினையாக் குளத்திதானாஞ்

சிவன்முடிமேலிருக்கின்ற செல்விதானாஞ்

தாறுகின்ற மரசித்த கன்னியாகுந்

தாக்கான பரிமளிதான் தாக நரசினியுமாகும்

பாறுகின்ற பெர்க்கணமா முலைச்சியாகும்

பொறுமையாம் நாறுகின்ற கரந்தையாமே”.

- போகர் நிகண்டு 1700 - பக்கம் - 324

“பேர்க்கு முலைச்சி புகழாங் குணத்திதான்

வாக்கிச்சி வன்முடி வரசித்த கன்னியாள்

தாக்கப் பரிமளி தாக மடக்கித்தான்

நாக்க பநாறுங் கரந்தை யினாமே”

- சட்டைமுனி நிகண்டு பக்கம் - 160

(இதுவுமது)

“கந்த நஹுகரந்தை யதன்குணம்
மந்த வாதங்கரப்பனை மாற்றிடுந்
தொந்த ரோகந் துடைக்குமிருமலா
மந்த நோயுந் தணிக்குந் மண்ணையே.”

- பதார்த்த குணவிளக்கம் மூலவர்க்கம் பக்கம் - 338
- பதார்த்த குணபாடம் - பக்கம் - 146
- (பதார்த்த குண பல்பொருள் விளக்கம்)
- பதார்த்த குணசிந்தாமணி - செடி வகை - பக்கம் - 111
- குணபாடம் மூலிகை வகுப்பு - பக்கம் - 228

“முண்டியின் தன்மை கூறின் மொழிகடுதிக்குச் சரந்த
கண்டிடு லகவே யுஷ்ணம் கருதிய கடுவிபாகம்
எண்டரு வேறு நூலக ளியம்பிடும் மதுரத்தோடு
அண்டிய கஷாய மாகும் அருஞ்சுவை தானுமாதே”.

- பதார்த்த குண மஞ்சரி - முதல் வர்க்கம் பக்கம் - 55

பொருள்

சுவை	-	கடுதித்தம்
		மதுரம்
		கஷாயம்
குணம்	-	லகு
விபாகம்	-	கடு

சிவகரந்தை பொதுக்குணம்

“ஆமே நஹுகரந்தை காயசித்தியாகும்”

- போகர் நிகண்டு 1700 - பக்கம் - 494

“வாந்தியரோகசத்தை மாற்றும் பசிகொடுக்குஞ்
சாய்ந்த விந்துவைக் கட்டுந் தப்பாதே - ஏந்தழகைத்
தண்டா துறச்சேர்க்குஞ் சார்ந்த பரிமளத்தைத்
தண்டா சிவகரந்தை தான்.”

குணம்

மணமுள்ள சிவகரந்தை மணம், அருசி, விந்து, நஷ்டம், ஷூணவாதம்,
கரப்பன், வாதாதிதொந்தம், காசம், அக்கினிமந்தம் இவைகளை நீக்கும்.
சடராக்கினியையும், வனப்பையும் உண்டாக்கும்.

“அதன் பயன் தன்னைக் கூறின் ஆமமே யருசி போகும்
விதமுறு ரக்த வாதம் மிகும பஸ்மாரம் பின்னும்
இதமுறு கண்டமாலை இடுதுயராளைக் காலும்
முதலிய நோய்கள் தீரும் என்றனர் முழங்கு ஞாலோர்”.

- பதார்த்த குண மஞ்சரி - முதல் வாக்கம் பக்கம் - 55

பொருள்

ஆமம், அருசி, வாதஇரக்தம், அபஸ்மாரம், கண்டமாலை, யானைக்கால்
முதலிய பிணிகளையும் போக்கும்.

“மேலுமின் மணமே காலு மிகுசிவகரந்தை தன்னால்
சீலமின் விந்து நட்டஞ் செறிகாசம் ஷூண வாதங்
கோலமிற் கரப்பான் வாந்தி கூரங்கி மந்த மாத்
சாலமுற் றோடும் வண்ணந் தழைக்குந் தீபனமு முண்டாம”.

- பதார்த்த குண மஞ்சரி - முதல் வாக்கம் பக்கம் - 55

குணம்

மேலும் இனிய மணத்தை தருகின்ற சிவகரந்தையால் விந்துநஷ்டம், காசம், ஷுணவாதம், கரப்பான், வாந்தி, அக்கினிமந்தம் போகும். காந்தியும் தீபனும் உண்டாகும்.

வழக்கு

- இதன் இலைச்சாறு பாதரசத்தை சுத்தி செய்யவும் நீற்றவும் உதவும்.
- இலையை பொடித்து 4 முதல் 8 கிராம் எடை வெண்ணெய் சேர்த்து உள்ளுக்கு கொடுக்க மேற்கண்ட நோய்கள் விலகும்.
- இதை ஆண்மை பெருக்குண்டாவதற்கும் வழங்கலாம்.

உபயோகிக்கும் முறை

புஷ்பம் விடுவதற்கு முன்னதாகவே இச்செடியை கொண்டு வந்து நிழலில் உலர்த்தி சமூலமாக இடித்துச் சூரணமாக செய்து ஒரு புதுமட்கலத்தில் போட்டு வாய்மூடி பத்திரப்படுத்தவும்.

அளவு

இச்சூரணத்தை தினம் 2 வேளை காலை,மாலை திரிகடிப் பிரமாணம்.

அனுபானம்

சர்க்கரை

தீரும் நோய்கள்

- நல்ல பசி தீபனத்தை உண்டாக்கும்.
- இரத்தத்தில் உள்ள மாசுக்களை அகற்றி, சொறி, சிரங்கு, கரப்பான் முதலிய தோல் சம்பந்தமான நோய்களை அகற்றும்.
- கபத்தை கரைக்கும். இந்திரியத்தைப் பலப்படுத்தும்.
- இதனை 40 நாள் உட்கொள்ள மேனி அழகு பெறும்.

சிவகரந்தை சுத்தி முறை

சிவகரந்தை சமூலத்தை பூ விடுவதற்கு முன் பறித்துவந்து ஓடுகின்ற நீரில் கழுவி எடுத்து , பின் நிழலில் உலர்த்தவும்.

சிவகரந்தை சத்து

சிவகரந்தை பூண்டை உலர்த்தி எரித்து சாம்பலாக்கி, தண்ணீரில் போட்டு கரைத்து, 3 நாள் அடிக்கடி குழப்பி வைத்து, பிறகு எடுத்து தெளிவிறுத்து,அதை குழம்பு பதமாக காய்ச்சி, இறுகும் பதத்தில் இறக்கி ஆறியபின் இறுகும் உப்பே சிவகரந்தை சத்தாம்.

இச்சத்து இரத்த சம்பந்தமான நோய்களுக்கு உபயோகப்படும்.

சிவகரந்தை சேரும் பிறமருந்துகளின் தொகுப்பு

1. மஹா விஷ கர்ப்ப தைலம்

அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 427

2. பிராஹ்மதி சூரணம்

அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 508

கண்டுபாரங்கி	}	சம அளவு
சிவகரந்தை		
வசம்பு		
சுக்கு		
திப்பிலி		

துணைமருந்து	-	தேன்
அளவு	-	7 இரவுகள்
தீரும் நோய்கள்	-	குரற்கம்மல்.

3. கரந்தைச் சூரணம்

"தவிரவே நாகறுகரந்தை சூரணத்தைக் கேளு

சுர்வான கரந்தையது நிழலிலர்த்தி

பவிரவே இடித்ததனை சூரணமே செய்து

பலம் பத்து நிறுத்தப்பால் பகரக் கேளு

நவிரவே கருஞ்சீரகம் கடுக்காய் தான்றி

நல்வசம்பு திப்பிலியும் மிளகு இந்துப்பு

தவிரவே வாலுமுலை கோஷ்டம் சுக்கு

சிறுதேக்கு கர்க்கோலே சித்ரமூலம்"

- பிரம்மமுனி வைத்திய சூத்திரம் - பாகம் -1 பக்கம் - 119

4. வெளுத்த மயிர் கருக்க

சிவகரந்தை செடியானது பூ எடுப்பதற்கு முன் சமூலம் பிடுங்கி வந்து இதற்குச் சமவெடை கையாந்தகரை சமூலம் சேர்த்து நிழலில் உலர்த்தி சூரணம் செய்து தேன் அல்லது நெய்யில் சாப்பிட்டு வர வெளுத்த மயிர் கறுக்கும்.

3. கரந்தைச் சூரணம்

அதிவிடயங் கஸ்தூரி மஞ்சள் கோட்ட
மாவரையி லஞ்சுவகை யலின் கர்ப்பூரம்
இதமுறுகோ ரோசனை நன்னாரி முத்த
மிலவங்க மிந்து குறாசாணி சீரம்
சதுர்மறையோ ருகந்தசந்தந் தாமரைப்பூச்
சாதிக்காய் வகவாசி கிராம்பு நெல்லி
மதுகப்பூ வேமநிறை சமன தாகவளம்பெறவே
யிடித்து நன்றாய்வடிகொள்ளவாயே.
வடிகொண்ட பொடியிடை சிவகரந்தை
வளம் பெறு சர்க்கரையிரண்டு பலமும் கூட்டித்
திடமுடனே யரைத்து நன்றா யெடுத்துக் கொண்டு
தினமிரண்டு வேளையொவ்வோர் கழஞ்சுகொள்ளக்
கொடிய படர் தாமரையு மேக மெல்லாக்
கூறுகின்ற நீர்க்கடுப்புக் கிராணி யோடே
அடைபடருஞ் சலக்கழிச்சல் மூல ரோக
மக்கினி மந்தம் பொருமலுகலுந் தானே.

- அமிர்த சாகரம் பதார்த்த சூடாமணி

வைத்தியத் தெளிவு - அனுபந்தம் - பக்கம் - 151

எல்லா நோய்களுக்கும் எளிய மருந்துகள்-திருமலை நடராசன்

4.வெண்குட்டத்திற்கு உட்கொள்ளும் மருந்து - பக்கம் - 163

5. கருந்தேமலுக்கு உட்கொள்ளும் மருந்து - பக்கம் - 164

6. தாளக பற்பம்

அளவு - 2 - 3 மி.கி

தீரும் நோய்கள் - சுரம், காசம், ஷயம், புண் நீங்கும்.

பத்தியம் - இச்சா பத்தியம்.

- கண்ணுசாமியம் என்னும் வைத்திய சேகரம் - பக்கம் - 99

8. லிங்கக் கட்டு

அளவு - 130 மி.கி,

தீரும் நோய்கள் - சகல பலமான நோய்கள்.

- கண்ணுசாமியம் என்னும் வைத்திய சேகரம் - பக்கம் - 200

9. தாளகக் கட்டு

- குணபாடம் தாது வகுப்பு - பக்கம் - 196

10. சிவன் வேம்புத் தைலம்

அளவு - 5 கிராம்

அனுபானம் - இரச பதங்கம்

தீரும் நோய்கள் - நரைத்த முடி கருக்கும், உடல் இறுகி வலுப்படும்.

- யாகோபு வைத்திய சிந்தாமணி 700 பக்கம் - 305

11. தொந்த ரோகம் போக

சிவகரந்தையை உலர்த்தி இடித்து சூரணம் செய்து சரியெடை சீனி கூட்டி வெருகடி பிரமாணம் இரு போதும் மண்டலம் தின்று வர தொந்த ரோகம் போகும். இதற்கு சஞ்சீவி என்று பெயர். தீரும் நோய்கள் - அரோசகம், இருமல், மந்தம், வாதம், வாந்தி. தேகம் பரிமள முண்டாகும். விந்து கட்டும்.

- மூலிகை மர்மம் - பக்கம் - 67

12. இலிங்க பற்பம்

அளவு - 65 மி.லி
அனுபானம் - தேன், இஞ்சி சாறு, சுக்கு குடிநீர், திரிகடுகு குடிநீர்
தீரும் நோய்கள் - சன்னி, சுரம், வாயு, வெள்ளை.

- சித்த மருத்துவ கை முறை வைத்தியம் - பக்கம் - 86

13. தாளிசாதி சூரணம்

அளவு - 5 கிராம்
அனுபானம் - தேன், சர்க்கரை
தீரும் நோய்கள் - மந்தாக்கினி, மருந்தீடு, இருமல், அரோசகம், சுவாச காசம்.
- அகத்தியர் இரண்டாயிரம் (3 ம் பாகம்)-பக்கம்-110

14. மஹாதூதுளை சூரணம்

அளவு - 1கிராம்
அனுபானம் - நெய், சர்க்கரை
தீரும் நோய்கள் - கப ரோகங்கள்

15. தாளகக் கட்டு

தீரும் நோய்கள் - சுரம், காசம், ஈளை, உளைமாந்தம்

- கண்ணுசாமியம் என்னும் வைத்திய சேகரம் - பக்கம் - 198

16. லிங்க கட்டு

தீரும் நோய்கள் - சகல பலமான நோய்கள்

- கண்ணுசாமியம் என்னும் வைத்திய சேகரம் - பக்கம் - 199

அழல்கீல் வாயு (Osteo arthritis)

Vatham is mainly responsible for proper locomotors functions. Bones and joints are considered the vatha place. In Azhal keelvayu, vatha is first vitiated which has an impact over Vyanan and Abanan (Among the types of vatham). Deranged Vyanan leads to pain and difficulty in movements while Abanan leads to constipation. Along with vatham, kapham is altered from its normal proportions. Santhegam is affected and this leads to abnormality in joint movements. At last, pitham is altered with affection in Saathagam as it hinders the desire in locomotion.

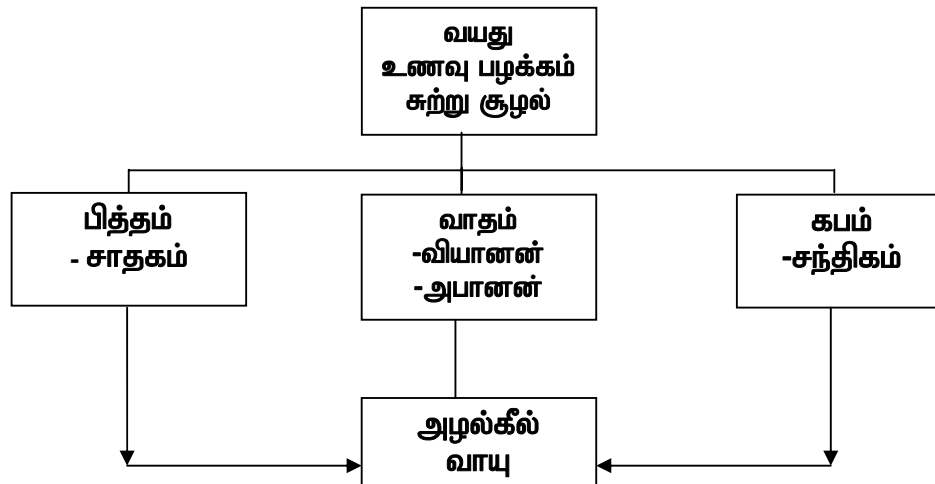
In short, features of the alterations of Mukutram are stated below.

Vatham - Pain, swelling, restricted movements

Pitham - Inflammatory changes in joint (warmth, pain)

Kapham - Crepitation, synovial fluid accumulation.

நோய் வரும் வழி - முக்குற்ற பாதிப்பு



”தொழில் பெறுகைப்புக் கார்த்தல் துவர்த்தல் விஞ்சுகிறுஞ்சேறும்
பழையதாம் வரகு மற்றைப் பைந்தினை யருந்தினாலும்
எழில் பெறப் பகலுறங்கி இரவினிலுறங்காதலாலும்
மழை நிகர் குழலினாலே வாதங்கோபிக்குங்கனே.”

- பரரச்சேகரம்

மேற்கண்ட பாடலில் குறிப்பிடப்பட்டுள்ளவைகளினால் வாதங் கெட்டு வாத நோய்கள் உண்டாகின்றன.

Azhal keelvayu is characterized by swelling of joints associated with severe pain, pyrexia. Since it is not quickly responding to medicine the prolonged medical care is said to be essential. As pitha increases, kapha in the joint disease, and hence dryness occur. Therefore, during flexion of the joint crepitation is produced.

- Sababathi kaiyedu

The vatha disease will be precipitated in the months from Aani – karthigai (June-December). Vatham vitiates during Muthuvenil i.e., during summer, the environment is hot and it leads to dryness, similarly the body is affected by excessive heat and loses its energy through perspiration and the digestion is impaired.

-Yugi chinthamani

MATERIALS AND METHODS

Collection Of The Drug

Sivakaranthai ilai was collected in the Nagerkovil areas.

Preparation Of The Drug

The collected Sivakaranthai ilai was washed in fresh water and dried in the shadow to remove its moisture content. Then made into a fine powder and filtered by a white clean cloth. (Vasthirakayam).

Purification Of The Chooranam

An earthen pot was taken and was filled with equal parts of milk and water. A thin white cloth was tied round the mouth of the pot. The prepared chooranam was placed over the cloth and then it was covered with another suitable earthen pot. It was kept on the fire until the milk level decreases. The chooranam was taken out, dried and filtered through a clean white cloth. The chooranam thus obtained was stored in a clean dry container. The contents of the container were inspected from time to time to safeguard against moisture and insects.

சூரணச் சுத்தியால் நன்மை

மூலிகையின் வெவ்வேறு குணங்கள் எல்லாம் ஒருமிக்க ஏக காலத்தில் உறவாகி உட்கொள்வதற்கு சுத்தி பெற்றதாகி விடுகிறது. சூரணம் வியாதியைக் கிளறி துன்பத்தை உண்டாக்காமல் எளிதில் நற்பயனை தரத்தக்க குணமுடையதாகிறது.

- சிகிச்சாரந்தீபம் - பக்கம் -44 (கண்ணுசாமிப்பிள்ளை)

Lifetime Of Chooranam

Three months, it is used with in the period.

Route Of Administration

Entral route

Dose

1 gm twice a day, before meals.

Adjuvant

Butter.

“அனுபானத்தாலே அவிழ்தும் பலிக்கும்”

- தேரையர் மகாகரிசல்

- தேரையர் வெண்பா

This prepared chooranam was used for,

- Bio-chemical analysis
- Micro biological study
- Pharmacological analysis
- Clinical assessment
- Bio – statistical analysis

BIO-CHEMICAL ANALYSIS

Preparation Of The Extract

5 grams of chooranam was weighed accurately and placed in a 250 ml clean beaker. Then 50 ml-distilled water was added and dissolved well. Then it was boiled well for about 10 minutes. Then it was boiled well for about 10 minutes. It was cooled and filtered in a 100 ml volumetric flask and then it was made up to 100 ml volumetric flask and then it was made up to 100 ml with distilled water. This fluid was taken for analysis.

Qualitative analysis

S. No	Experiment	Observation	Inference
1	Test For Calcium 2 ml of the above prepared extract is taken in clean test tube. To this, add 2 ml of 4% Ammonium Oxalate solution is added.	No white precipitate is formed	Absence of Calcium
2	Test For Sulphate 2 ml of the extract is added to 5% Barium Chloride solution.	No white precipitate is formed	Absence of Sulphate
3	Test for chloride The extract is treated with Silver nitrate solution.	No white precipitate is formed	Absence of Chloride
4	Test For Carbonate The substance is treated with concentrated HCL.	No brisk effervescence is formed	Absence of Carbonate

5	Test For Starch The extract is added with weak Iodine solution.	No blue color is formed	Absence of Starch
6	Test For Iron : i) Ferric The extract is treated with Glacial acetic acid and Potassium Ferro cyanide.	No blue color is formed	Absence of Ferric iron.
7	Test For Iron : ii) Ferrous The extract is treated with concentrated Nitric acid and Ammonium thio cyanate.	Blood red color is formed	Indicates trace amount of Ferrous is present
8	Test For Phosphate The extract is treated with Ammonium molybdate and concentrated Nitric acid	No yellow precipitate is formed	Absence of Phosphate
9	Test For Albumin The extract is treated with Esbach's reagent.	No yellow precipitate is formed	Absence of Albumin.
10	Test For Tannic Acid The extract is treated with Ferric chloride.	Blue black precipitate is formed	Indicates the presence of Tannic acid.
11	Test For Un Saturation Potassium permanganate solution is added to the extract.	It gets decolorized	Indicates the presence of Unsaturated compound.

12.	Test For Reducing Sugar 5ml of Benedict's qualitative solution is taken in a test tube and allowed to boil for 2 mts and added 8-10 drops of the extract and again boil it for 2 ml.	Color change is occurs	Indicates the presence of Reducing sugar.
13.	Test For Amino Acid One or two drops of the extract is placed on a filter paper and dried it well after drying 1% Ninhydrin is sprayed over the same and dried it well.	Violet color is formed	Indicates the presence of Amino Acid.

Inference

The given sample of **Sivakaranthai ilai chooranam** contains, **ferrous iron, tannic acid, unsaturated compound, reducing sugar and amino acid.**

MICROBIOLOGICAL STUDY

ANTI – BACTERIAL ACTIVITY OF SIVAKARANTHAI ILAI CHOORANAM

Anti-bacterial activity of Sivakaranthai ilai chooranam has been studied in the Malar Microbiological Laboratory, Thirunelveli. The observations are given below.

Disc Diffusion Method – Kirby – Bauer method is used. The whatman No.1 Filterpapr is cut into 6 mm size discs and impregrated with the known amount of the Sivakaranthai ilai chooranam. The trial drug 3 mg is dissolved in 100 μ l of distilled water and 10 μ l of the diluted medicine is charged in to each filter paper disc. So, as to each disc will have 30 μ gm of the medicine. The disc is stored dry in cold.

A selectable dilution of a broth culture or a broth suspension if the test bacterium (ie.0.5 Mc farland turbidity standard) is flooded on the surface of a Mueller – Hinton Agar Medium. The plate is tilted to ensure uniform spreading of the bacterium and the excess broth pipetted off. The plate is incubated at 37°C for 30 minutes than the Anti biotic discs are applied with steile forceps. After overnight incubation, the degree of sensitivity is determined by measuring the Zone of inhibition of growth around the Disc.

The diameter of the Zone of inhibition is measured by using a scale and can be compared with the control bacterium.

Bacterial Name	Zone diameter in mm
Staphylococcus pyogenes	S (16 mm)
Klebsiella pneumoniae	R
Escherichia.coli	R
Pseudomonas aeruginosa	R
Citrobacter diversis	R

Note

R- Resistant

S - Sensitive

Method used – Disc Diffusion Method - Kirby – Bauer Method

Inference

The inference from this experiment is that the drug Sivakaranthai ilai chooranam has Anti-bacterial activity against Staphylococcus pyogenes (Zone of inhibition 16 mm).

PHARMACOLOGICAL ANALYSIS

ANALGESIC EFFECT OF SIVAKARANTHAI ILAI CHOORANAM ON ALBINO RATS BY TAIL-FLICK METHOD USING HOT WATER BATH

Aim

To study the analgesic effect of Sivakaranthai ilai chooranam on Albino rats by Tail-flick method using hot water bath.

Preparation Of The Test Drug

1 gm of Sivakaranthai ilai chooranam was suspended in 10 ml of Hot water as suspending agent. This one ml contained 100 mg of the test drug.

Instruction

Hot water bath maintained at $55^{\circ}\text{C} \pm 0.5^{\circ}\text{C}$ was used as the source of stimulus.

Procedure

Six healthy Albino rats weighing 100-120 gms of both sexes were selected. The tail of each rat was dipped in the bath and time taken for the rat to remove the tail from the water bath was noted. The rats that take more than 5 seconds to remove the tail are excluded from the experiment. Then the rats were divided in to 3 equal groups, each group having 2 rats. The first group was given water 1 ml/100gm and kept as untreated control.

The second group was given the standard drug Paracetamol 20 mg/100gm and kept as traded control. The third group was given the test drug Sivakaranthai ilai chooranam 100mg/100mg. Half an hour, one hour and one and half an hour after drug administration the rats are again tested by dipping the tail in the hot water bath. The time taken for the rat to remove the tail was noted as done initially.

The results of control group, standard group and drug treated group were tabulated and compared.

Analgesic Effect Of Sivakaranthai Ilai Chooranam

Drug	Dose/100gm of body wt. of the rat	Initial reading in sec 0 hr.	After Drug Administration		
			After ½hr in seconds	After 1hr in seconds	After 1½ hr in seconds
Water	1 ml	2secs	2.5secs	2.5secs	2.5secs
Paracetamol	20 mg	2 secs	3 secs	4.5secs	6 secs
Sivakaranthai ilai chooranam	100 mg	2secs	3 secs	4secs	5secs

Inference

The test drug Sivakaranthai ilai chooranam has significant Analgesic activity.

ANTI-INFLAMMATORY STUDIES
ACUTE ANTI-INFLAMMATORY STUDY BY CARRAGEENIN
INDUCED HIND PAW OEDEMA METHOD

Aim

To evaluate the acute anti-inflammatory effect of Sivakaranthai ilai chooranam by Carrageenin induced hind paw edema method in albino rats.

Drug Preparation

1 gm of Sivakaranthai ilai chooranam was dissolved in 10 ml of hot water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the test drug.

Procedure

Six healthy albino rats of either sex weighing between 100-120 gms were selected. The volume of each hind paw was measured by using the Mercury plethysmograph.

After the measurement of hind paw of all the rats, they were divided into three groups, each containing two rats. First group was kept as control by giving distilled water of 1 ml/100gm of body weight. The second group was given Ibu profen 20 mg/100gm body weight and kept as standard. Third group was given test drug Sivakaranthai ilai chooranam 100 mg/100gm body weight. The drugs were administered orally, one hour after drug administration; 0.1ml of 1 % (w/v) Carrageenin suspension in water was

injected subcutaneously in the plantar surface of hind paw of rats. All the animals were given Carrageenin injection.

Three hours after Carrageenin injection, the hind paw volume was measured, from the differences in the initial and final hind paw volume; the degree of the inflammation was calculated by taking the volume in the untreated control group as 100%.

The percentage of inflammation of the other group was calculated from the degree of the anti-inflammatory effect of the treated and the test groups were calculated.

Results

The details of the experiment and results are shown in the table.

Effect Of Sivakaranthai Ilai Chooranam

Drug	Dose/100 gm of body weight	Initial value average	Final value average	Mean Difference	% of Inflammation	% of Inhibition
Water	1ml	0.55	1.4	0.85	100	Nil
Ibuprofen	2omg	0.55	0.85	0.3	35.2	64.8
Sivakaranthai ilai chooranam	100mg	0.4	0.65	0.25	29.4	71.6

Inference

Compared to the standard group, the Sivakaranthai ilai chooranam has significant acute anti inflammatory action.

CHRONIC ANTI-INFLAMMATORY EFFECT OF SIVAKARANTHAI ILAI CHOORANAM IN ALBINO RATS -BY COTTON PELLETS GRANULOMA METHOD

Aim

To evaluate the chronic anti-inflammatory effect of Sivakaranthai ilai chooranam on albino rats by cotton pellets granuloma method.

Drug Preparation

1 gm of Sivakaranthai ilai chooranam was suspended in 10 ml of hot water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the drug.

Procedure

Six healthy albino rats weighing 100-120 gms were taken and divided in to three groups, each group consisting of two rats.

In this procedure, the drugs were given daily for 7 days. Before giving the drug cotton pellets each weighing 10 mgm were prepared and sterilized in the autoclave for about 1 hr under 15 Hg atmospheric pressure.

On the day of experiment, each rat was anaesthetized with ether to implant 10 mgm of sterilized cotton pellets subcutaneously in the lower abdomen of on each side after making suitable incision and sutured carefully.

First group was kept as control by giving distilled water of 1 ml/100mg of body weight to the second group the standard drug Ibu profen

in a dose of 20 mg/100gm body weight was given. The third group of animals was given the test drug Sivakaranthai ilai chooranam in a dose of 100mg/100gm of body weight. On the 8th day of the experiment , all the rats were sacrificed and cotton pellets found to be surrounded by granulation tissues were removed and dried in hot air oven at 55°C - 60°C.

The concordant weight of granuloma of control group and treated group given an estimation of degree of inhibitory activity of test drug.

Results

The details of the experiment and results are shown in the table.

Effect Of Sivakaranthi Ilai Chooranam

Drug	Dose/100gm of body wt of the rat	Pellet weight	Concordant wt of cotton pellet (dry) wt in mg	% of Inflammation	% of Inhibition
Water	1ml	10mg	250mg	100	-
Ibuprofen	20mg	10mg	55mg	22	78
Sivakaranthai ilai chooranam	100mg	10mg	100mg	40	60

Inference

Compared to the control group the Sivakaranthai ilai chooranam has significant chronic anti-inflammatory action.

ANTI PYRETIC STUDY OF SIVAKARANTHAI ILAI CHOORANAM IN YEAST INDUCED HYPER PYREXIA ALBINO RATS

Aim

To evaluate the anti - pyretic activity of Sivakaranthai ilai chooranam by Yeast induced hyperpyrexia in albino rats.

Preparation Of The Test Drug

1 gm of Sivakaranthai ilai chooranam was suspended in 10 ml of hot water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the drug.

Yeast Induced Hyperpyrexia

Six healthy albino rats of either sex, weighing between 100-150 gm were selected. They were divided into 3 groups of 2 rats in each group. All the rats were made hyperthermia by giving subcutaneous injection of 12% of yeast in distilled water at a dose of 1ml /100gm of body weight. After 10 hours, the initial temperature (0 hr) was taken for all the six rats. First group of rats were given water in a dose of 1ml /100gm of weight and kept as control. The second group received 2 mg /1gm of body weight of Paracetamol and the third one received the test drug Sivakaranthai ilai chooranam 100mg/100gm body weight.

The mean rectal temperature for all the three groups was recorded at 1½ hr, 3 hr, and 4½ hours after the drug administration.

The difference between the 3 groups were measured and compared.

Results

The details of the experiment and results were shown in the table.

Anti Pyretic Effect Of Sivakaranthai Ilai Chooranam

Name of drug /Group	Dose/100 gram body weight	Initial	After 1½hrs	After 3 hrs	After 4 ½ hrs	Mean diffidence
Water	1ml	36.0 37.0	36.0 37.0	36.0 38.0	37.0 39.0	38.0
Paracetamol	20 mg	37.0 38.0	37.0 37.0	36.5 36.5	35.0 34.0	34.5
Sivakaranthai ilai chooranam	100mg	38.0 37.0	38.0 37.0	37.0 36.5	36 35	35.5

Inference

The test drug Sivakaranthai ilai chooranam has significant Anti – pyretic action.

ANTI SPASMODIC EFFECT OF SIVAKARANTHAI ILAI CHOORANAM ON ISOLATED RABBIT ILEUM

Aim

To screen the effect of anti - spasmodic action of Sivakaranthai ilai chooranam.

Materials And Methods

Drug Preparation

1 gm of Sivakaranthai ilai chooranam was dissolved in 10 ml of water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the test drug.

Method

Solution used

Acetylcholine bromide 10 mcg / ml

Tissue used: Rabbit intestine

Apparatus Required

Monodrum with a smoked cylinder

Students water bath with accessories

Rabbit was killed by stunning, the abdomen was opened, and ileum was removed. The ileo-caecal junction was found. A small piece of ileal portion was cut, removed, and placed in dishes, containing warm aerated tyrode solution.

Procedure

Setting up the apparatus

The student water jar bath contains water, heated by the electric heating element.

The temperature can be kept constant to the desired level (33°C in this case) by adjusting the heating element.

The inner bath is usually of 50 ml or 100 ml capacity when filled. This is connected to the nutrient solution by Syphon arrangement (Tyrode solution in this case).

A glass coil is interposed between the reservoir and the inner bath and as the fluid from the reservoir passes through the coil, it attains the temperature of the water surrounding the inner bath. The flow of fluid into and out of the inner bath is regulated by two-way stop clock.

The glass tube in inner bath is connected by means of rubber tubing to an air pump. The stop clock on the rubber tubing is so adjusted to allow to slow, steady and a continuous supply of air (oxygen) to the tissue to be suspended in the inner bath. The air can be seen bubbling of the inner bath is filled with the nutrient fluid.

The Jar bath and the monodrum were brought (with the cylinder mounted on) closer. The distance between the two was adjusted that the writing point of the frontal lever (fixed on the jar bath) just touches the smoked cylinder and writes without friction.

Now the thread on a needle is passed through one end the loop of intestine provided, at the point of mesenteric attachment, and tied to the hook at the end of the glass tube in the inner bath (This can be removed from inside the bath and brought out side and then re-inserted with the tissue mounted on it).

However, the other ends of the loop a long piece of thread passed and tied. Then the tissue is pulled up and the other end of the thread is attached to the level filled with a frontal writing point.

The lever should be weighed with plasticine so that the muscle is kept stretched, to a moderate extent, but not to prevent it acquiring and maintaining some tone.

Effects Of Drug

Added 0.2 ml of the solution acetylcholine provided (10 mcg /ml). The effect of the drug on the tissue was recorded by running the drum at the slowest speed just before adding the drug.

The drum was allowed to run for a particular time (time allowed various with the tissue and the drug used).

When the drum is stopped the nutrient fluid was drained out then refilled. Recorded the contraction obtained for 30 seconds and then stopped the drum and changed the fluid.

Repeated the addition of acetylcholine until two consecutive contractions were identical when the same dose is used. Drug was given to study the inhibitory effect of acetylcholine 10 mcg/ml induced contractions.

Inference

The drug Sivakaranthai ilai chooranam has significant anti-spasmodic action.

ANTI HISTAMINIC EFFECT OF SIVAKARANTHAI ILAI CHLOORANAM ON ISOLATED GUINEA PIG ILEUM

Aim

To screen the effect of Sivakaranthai ilai chooranam on isolated Guinea pig ileum.

Materials And Methods

Drug Prepration

1 gm of Sivakaranthai ilai chooranam was dissolved in 10 ml of water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the test drug.

Method

Solution used:

Histamine 1 ml contains 10 μ g.

Tissue used: Guinea pig ileum.

Apparatus Required

Monodrum with a smoked cylinder

Students jar bath with accessories

Guinea pig weighing about 400 gm was killed stunning with a sharp blow on the head. The abdomen was opened and the ileo-caecal junction was found.

A small piece of ileal portion was cut, removed, and placed in a dishes containing warm aerated tyrode solution.

Procedure

Setting up the apparatus.

The jar bath contained water, heated by the electric heating element. The temperature can be kept constant to the desired level (37° C in this case) by adjusting the heating element.

The inner bath was usually of 50 ml or 100 ml capacity when filled. This was connected to the nutrient solution by syphon arrangement.

A glass coil was interposed between the reservoir and the inner bath and as the fluid from the reservoir passes through the coil. It attained the temperature of the water surrounding the inner bath.

The flow of fluid into and out of the inner bath was regulated by two-way stop clock. The glass tube in inner bath was connected by means of rubber tubing to an air pump; the stop clock on the rubber tubing was so adjusted to allow of a slow, steady and a continuous supply of air (oxygen) to the tissue to be suspended in the inner bath.

The air can be seen bubbling if the inner bath was filled with the nutrient fluid. The jar bath and the monodrum were brought (with the cylinder mounted on) closer.

The distance between the two, was adjusted, so that the writing point of the frontal level (fixed on the jar bath) just touched the smoked cylinder and wrote without friction.

The thread on a needle was passed through one end the loop of intestine provided at the point of mesenteric attachment, and tied to the hook at the end of the glass tube in the inner bath (This can be removed from inside the bath and brought out side and then re-inserted with the tissue mounted on it). Through the other end of the loop, a long piece of thread passed and tied.

Then the tissue was pulled up and the other end of the thread was attached to the lever fitted with a frontal writing point.

The lever should be weighed with plasticine so that the muscle was kept stretched to a moderate extent, but not to prevent it acquiring and maintaining some tone.

Effects Of Drug

Added 0.2 ml of the solution histamine provided. The effect of the drug on the tissue was recorded by running the drum at the slowest speed just before adding the drug.

The drum was allowed to run for a particular time (time allowed varies with the tissue and the drug used). When the drum was stopped the nutrient fluid was drained out then refilled.

Recorded the contraction obtained for 30 seconds and then stopped the drum and charged the fluid. Repeated the addition of histamine until two consecutive contractions are identical when the same dose was used. Added 1 ml test drug and 0.2 ml histamine. The effect of the test drug on the tissue was recorded.

Recorded the contraction obtained for 30 seconds and then stopped the drum and charged the fluid. The test drug blocked the histamine action. Added 2 ml test drug and 0.2 ml histamine.

The effect of the drug on the tissue was recorded. Recorded the contraction obtained for 30 seconds and then stopped the drum and charged the fluid.

The drug blocked the histamine action, added 0.2 ml histamine. The effect of the drug on the tissue was recorded.

Added 0.2 ml antihistamine and .2 ml of histamine.

The effect of the drug on the tissue was recorded.

The antihistamine drug blocked the histamine action.

Tissue alive or not

Added 0.2 ml histamine.

The effect of the drug on the tissue was noted.

Inference

From this experiment it was noted that the drug Sivakaranthai ilai chooranam possesses anti histaminic action.

CLINICAL ASSESSMENT

The disease “Azhal keelvayu” has been dealt in the book Siddha Maruthuvam according to Sabapathy manuscript. Patients were selected according to the symptoms as mentioned in Azhal kee vayu. In Siddha literature, 10 types of Keelvayu have been recognized. Azhal keelvayu (Osteo arthritis) is the common type of this 10. Initially the joint is affected by the vitiated vatham followed by kapham and pitham. In addition, this is a disease of the pitha kalam (middle 1/3rd of the life span).

Selection Of The Patients

In order to assess the efficacy of Sivakaranthai ilai chooranam for Azhal keelvayu, it was tried clinically on 30 out patients and 10 inpatients in the Post Graduate Department of Gunapadam, Government Siddha Medical College Hospital, Palayamkottai. Patients of both sexes and of varying age group were selected according to the selection criteria for this clinical trial.

Clinical Manifestations

In the study, the detailed clinical history was taken from the patients. Attention was laid on the pain, swelling, difficulty in daily activities like walking, squatting, regarding their nature and severity.

Aetiological Factors

The seasonal variation and precipitating factors like emotional stress, trauma and change of climate were enquired.

The socio-economic status, complaints, presents history, past history, family history, personal history and habits to rule out the disease.

Diet, physical exercise and age play a vital role in Azhal keelvayu. Non-vegetarians the body mass index is higher than the acceptable rang.

Investigation

Investigations were found to be useful in assessing the progress of the disease and prognosis of the patient.

The symptoms of Azhal keel vayu more or less correlates with osteoarthritis in modern medicine. Therefore, investigations meant for osteo arthritis were done for Azhal keel vayu also. These were the routine Blood picture studies of Total white blood cells count, Differential count, Erythrocyte sedimentation rate, Hemoglobin estimation, Bio-chemical tests like Blood sugar, Cholesterol and Urea were estimated to all patients in the laboratory of Government Siddha Medical College Hospital. Complete Urine analysis had also been done. All the patients of Azhal keelvayu were subjected to X-ray findings in the Radiological department of Government Siddha Medical College Hospital.

Apart from modern diagnosis, Siddha diagnosis parameters are made with the help of the following criteria: Mukkurra nilaial Envagai thervukal, seven udar kattual, Uyir thathukkal, kalam.

These clinical parameters had been repeated after the end of treatment. Joint size and swelling had been measured at the beginning and at the end of treatment.

Management

“Viraesanathaal vatham thazhum”

This quotation emphasizes that vitiated vatham can be brought down by means of laxatives or purgatives since Azhal keel vayu is under vatha disease. *Vellai ennai* is one among the purgative in Siddha system was selected. To begin with, all patients were advised to take 10 ml of vellai ennai with hot water early morning in empty stomach (Excluded as a rule of Viresanam).

The test drug was administered in the dose of 1 gm twice a day with Butter as a vehicle. Butter will enhances the test drug action and prevents the gastric irritation.

For the I.P patients the drug was dispensed daily and for O.P patients on alternate days. Some patients who were unable to visit the hospital on alternate days and those who were belonging to other rural areas, which are very far from Tirunelveli, were dispensed for one week with the permission from the professor of post graduate department of Gunapadam.

Patients those who were having the following all or some symptoms had been selected for the study.

- Pain
- Swelling - measurement of the both knee joints noted
- Morning stiffness
- Limitation of movement
- Joint tenderness
- Walking difficulties

Excluding Criteria

- Sudden onset of excruciating pain and marked swelling of joint.
- Pain, swelling and redness of the big toe with raised level of blood uric acid
- Younger age group
- History of involvement of smaller joints followed by major joints.
- Complaining of migrating joint pain
- Patient's of sputum positive for AFB
- Positive VDRL

Drug And Dosage

The test drug Sivakaranthai ilai chooranam was dispensed to patients at the dose of 1 gm two times a day with butter. The duration of treatment varies according to the severity and response of the disease to the treatment.

Pain, stiffness are relieved from 10th to 12th day of treatment and other symptoms were subsided and relieved during the further course of treatment. It had been given maximally 48 days and above for some patients who had a chronic history.

Line Of Treatment

Diet

- The patients were advised to take easily digestible and highly nutritive foods.
- They were advised to avoid food like potato, dhal, curd, egg etc, which would increase the Vayu kuttram.

Pathiyam

As a rule of pathiyam they were restricted to take meat, fish, chicken, egg, lemon, bitter guard, leaves of agathi, pumpkin and those vegetables, which has cooling effect on body (e.g. Raphanus, chow-chow, snake guard etc).

The male patients are strictly advised for not smoking and taking liquor from the commencement and during the period of treatment.

Medical Advice

- Advised to avoid exposure to cold damp climate.
- To avoid pungent, astringent and bitter tastes.
- They were advised to perform exercises which would strengthen the quadriceps muscle on which the knee is largely dependent for its stability.
- Obese patients were advised to reduce their weight in order to avoid stress. To avoid stress, walking is reduced; if they walk, they are advised to take walking stick for support.
- Prolonged immobilization should be avoided as it further incapacitate the patient walk.
- To avoid prolonged walking and walking on upstairs.
- Incidental ailments are treated with appropriate Siddha Medicine.

For example, the patients who were suffered from Headache applied for Thalaivali pasai.

Exercises To Strengthen Quadriceps Muscles Around The Knee Joint

Simple exercise that promote flexibility and strengthen the muscles around the knee can go long way towards warding off problems. In many cases, these exercises can also help hasten recovery after a knee injury. Weak or tight muscles are an important cause of knee injuries.

Hence, it is advisable to make the time and effort to strengthen the muscle around the knee. However, if one is already suffering from pain in the knee, these exercises should be performed after consulting a doctor. To derive maximum benefit from the following exercise, they should be performed once or twice a day, repeating every exercise five to ten times for each knee.

Thigh Firmer



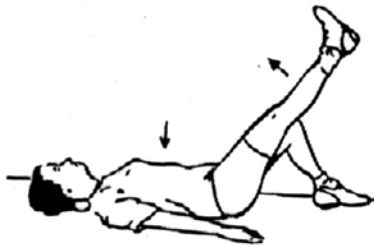
Sit on the edge of a chair with one leg stretched out in front and the heel resting on the floor; tighten the muscle that runs across in front of the knee by flexing the toes back. Simultaneously, push the back of the knee towards the floor and feel the stretch there as well as at the back of the ankle. Hold for 5 seconds. Repeat the same with the other leg.

Knee Flexion And Extension



Sit straight on chair and bend the knee by pulling heel under the chair. Rest the foot on the toes. Hold for 5 seconds. Keep the foot relaxed and slowly raise it up to straighten the knee. Hold for 5 seconds and then slowly lower the foot to the floor. Repeat the same with the other leg.

Straight Leg Lift



Lie flat on the back with the stomach pulled in, the knee of one leg bent and the foot flat on the floor. Extend the other leg and lift it slowly as far as is comfortably possible, without bending the knee. Hold for 5 seconds and slowly lower the leg. Repeat the same with the other leg.

Response-Observation

The following parameters have been taken for the signs of improvements.

- Physiological functions of the joint i.e., ability of walking without pain and the time taken for crossing particular distance.
- Morphological reduction of abnormality i.e., reduction of inflammation
- Radiological improvement if any

As Azhal keelvayu is a destructive disease no radiological change before and after treatment was found.

Tabulation Showing Response

S.No	Grade	No. of patients	Percentage
1.	Good	32	77.5
2.	Fair	6	15.0
3.	No respond	3	7.5
Total		40	100.0

Observation

In the clinical trial done for 40 patients, good results were obtained for 77.5% (32 cases), fair results for 15% (6 cases) and poor results for 7.5 % (3 cases).

STATISTICAL ANALYSIS

The study results are analyzed by the statistic of mean, std deviation and percentages. The statistics are interpreted by Test of significance namely student's test and 'Z' test with the application of S.P.S.S package version 13.2.

Azhal Keevayu - Sivakaranthai Ilai Chooranam Results And Discussions

Age And Sex

The age and sex are important independent variables, which may be confounding with the efficacy of the drug. The age and sex wise study is more the essentiality of any experimental designs.

Table – 1 Age and sex wise distribution of the study subjects

S. No.	Sex	n	Age		't'	Significance	95% confidence inter of population mean
			Mean	S.D			
1	Male	18	54.17	14.37	0.571	P>0.05	
2	Female	22	52.05	8.93			
3	Total	40	53.00	11.58	-	-	49.3 to 56.7 years

The mean ages of male and female in the above table are 54.17 ± 14.37 and 52.05 ± 8.93 respectively the difference between the two sexes is not statistically significant since the 't' = 0.571 and $P > 0.05$.that means both sex are belonging to the same age groups. The total mean age is 53 ± 11.58 . The

mean age of the Azhal eel vayu population will lie in between the interval of 49.3 to 56.7 years.

Efficacy Of The Drug With Reference To Variables.

The parameters like pain, stiff, measurement of swelling, Tenderness, Swelling and duration of walking were recorded before administration of the drug. The same parameters were recorded after completion of the course of the drug. For measuring the effectiveness of the drug the above pair of variable were analysed and the results are enumerated in the forth-coming table.

Table – 2

Comparison Of The Variable Before And After Treatment Of The Disease

S. No.	Variable Signs	n	Leg	Before		After		Mean difference	‘t’	Significance
				Mean	S.D	Mean	S.D			
1	Pain	40	Rt	2.23	0.69	0.35	0.58	1.875	15.656	P> 0.000
			Lt	1.60	0.93	0.10	0.38	1.500	10.473	P> 0.000
2	Stiffness	40	Rt	1.00	0.32	0.2	0.41	0.800	10.902	P> 0.000
			Lt	0.70	0.52	0.05	0.22	0.650	8.510	P> 0.000
3	Measurement	40	Rt	36.83	3.73	35.58	3.76	1.250	8.229	P> 0.000
			Lt	36.56	4.07	35.53	3.72	1.025	6.895	P> 0.000
4	Tenderness	40	Rt	0.95	0.22	0.13	0.33	0.825	13.559	P> 0.000
			Lt	0.78	0.42	0.05	0.22	0.725	10.140	P> 0.000
5	Swelling	40	Rt	0.95	0.22	0.07	0.27	0.875	16.523	P> 0.000
			Lt	0.78	0.42	0.07	0.27	0.700	9.539	P> 0.000
6	Walkingtime (sec)	40	-	61.8	9.35	53.75	9.07	8.050	20.789	P> 0.000

The above table shows the before and after administration of the drug for controlling the Azhal keel vayu by the drug Sivakaranthai ilai chooranam. The results of the parameters before and after the treatment are highly statistically significant. The significant reduction of pain, stiffness, Tenderness, swelling, and duration of walking are the effective of the drug. Hence, the drug is effectively controlling the disease and for managing the disease, the drug may be recommended.

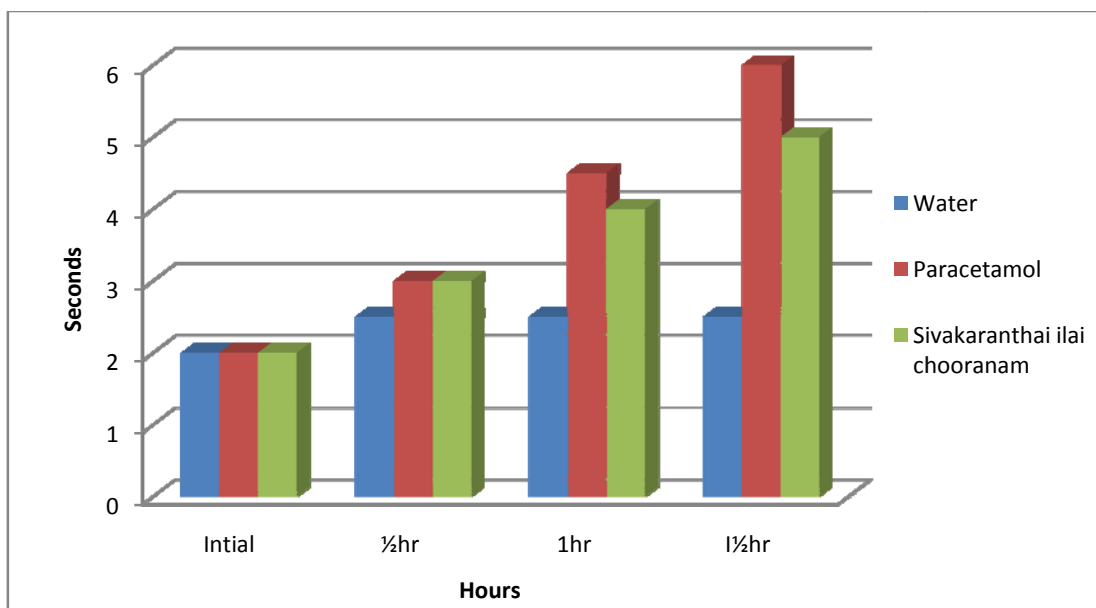
Response Of The Drug

The response of drug was observed and the grade of response is enumerated in the below table

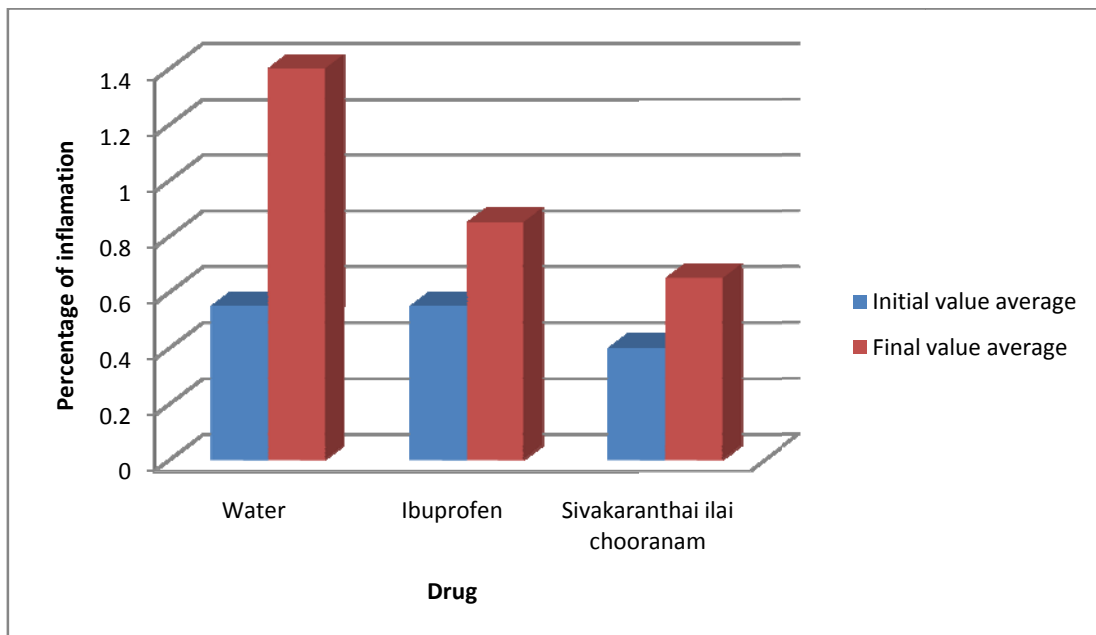
S. No	Response grade	N	Response	
			No.	%
1	Good	40	32	77.5
2	Fair	40	6	15
3	Poor	40	3	7.5

In the clinical trial done for 40 patients, good results were obtained for 77.5% (32 cases), fair results for 15% (6 cases) and poor results for 7.5 % (3 cases).

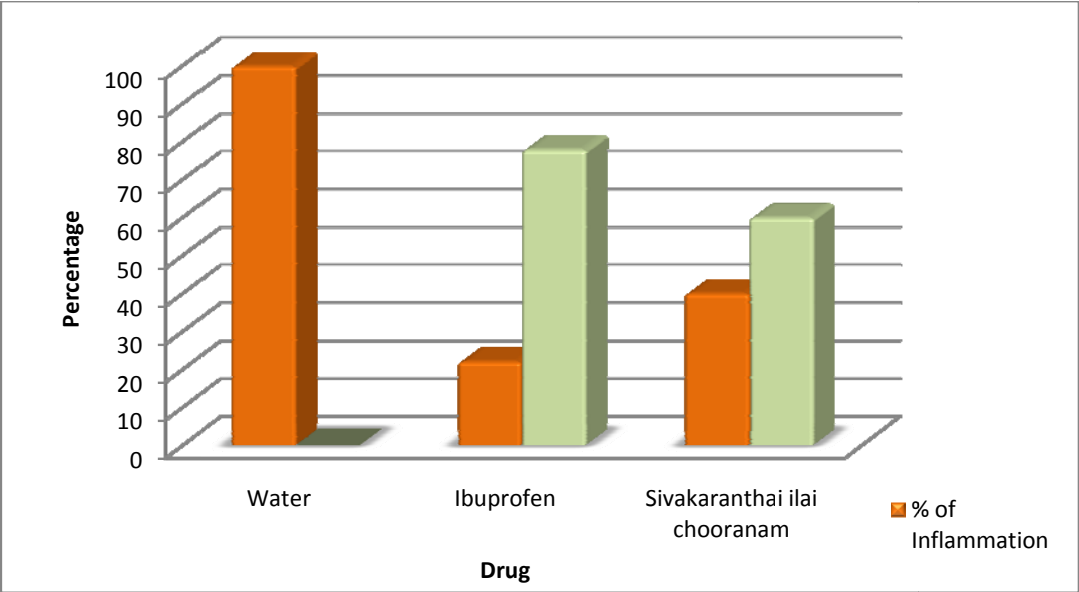
Analgesic Effect Of Sivakaranthai Ilai Chooranam



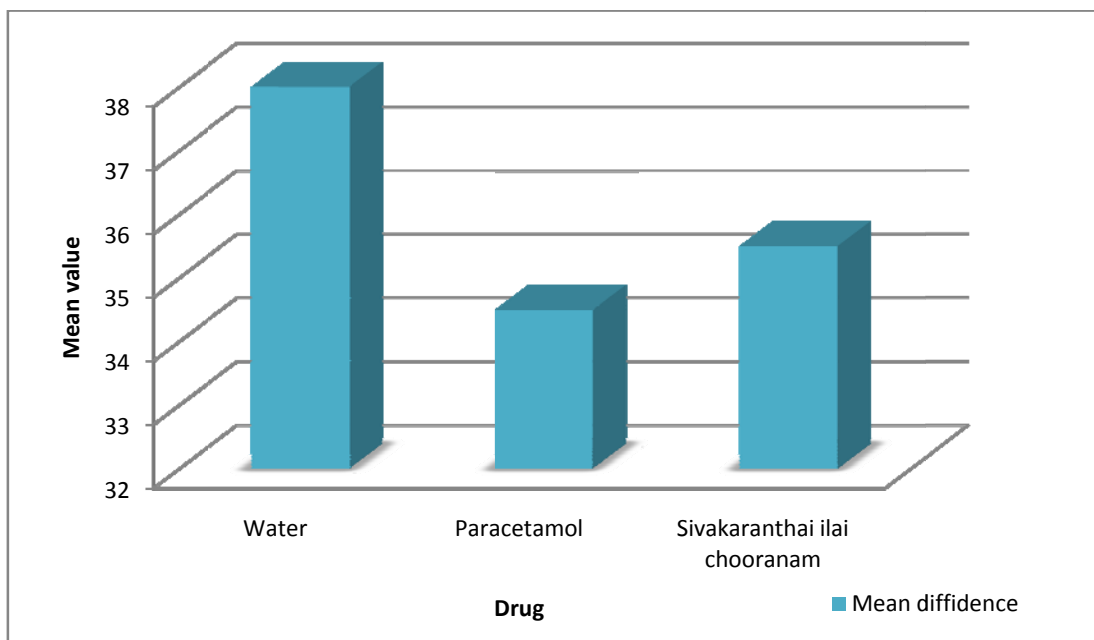
Acute anti inflammatory action of Sivakaranthai Ilai Chooranam



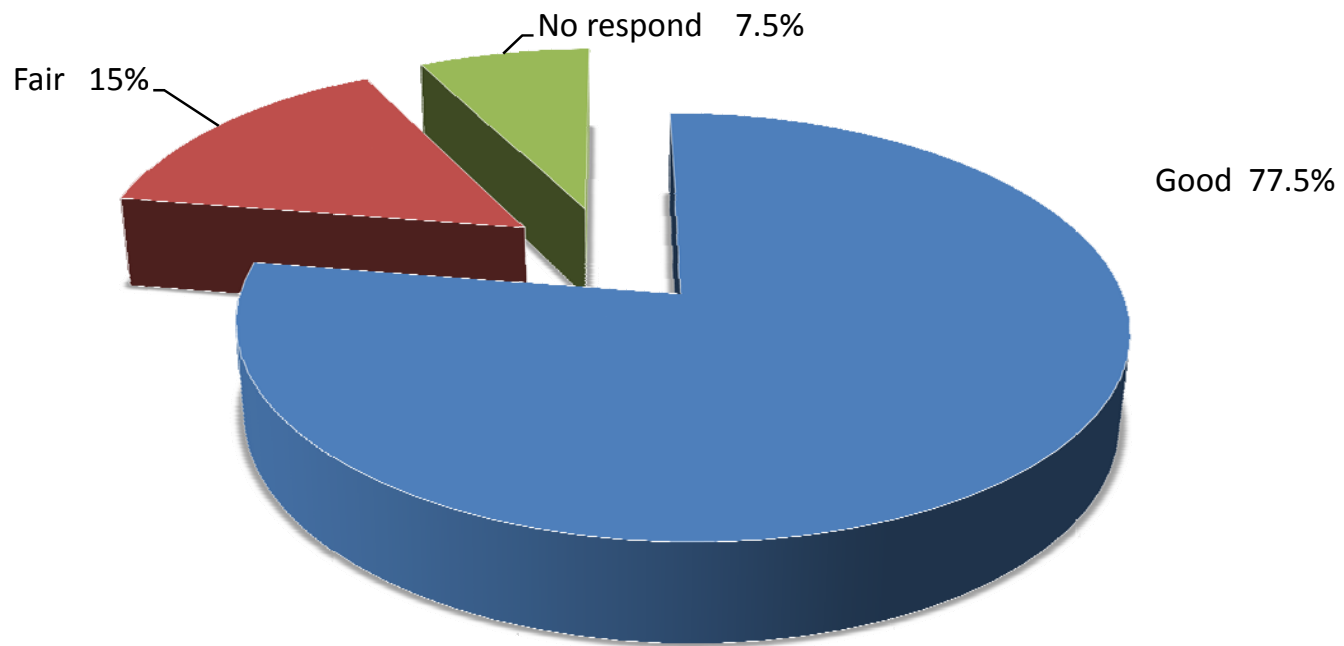
Chronic anti-inflammatory action of Sivakaranthai Ilai Chooranam



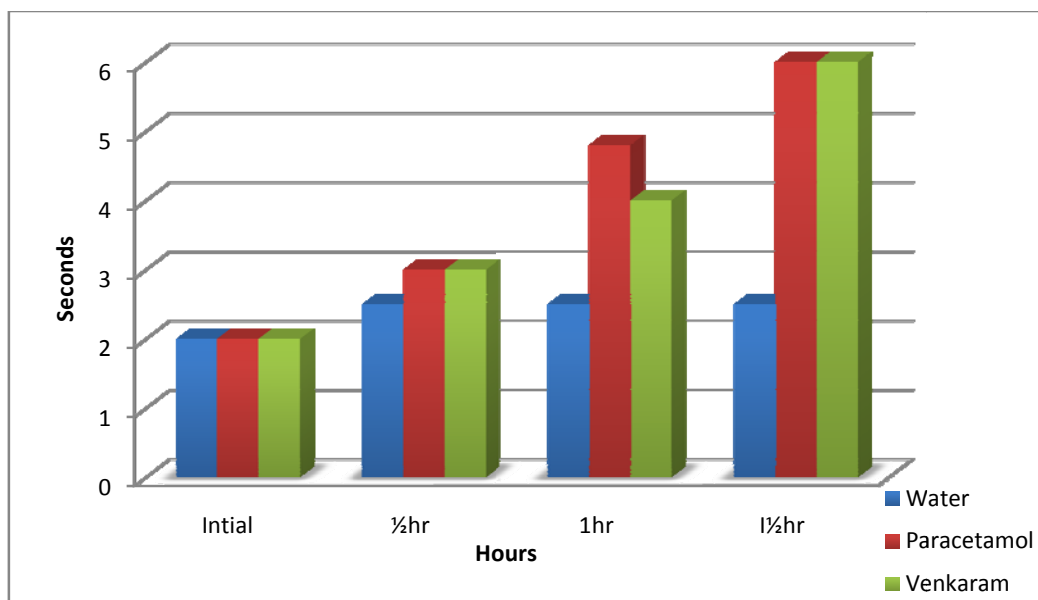
Anti – pyretic action of Sivakaranthai Ilai Chooranam



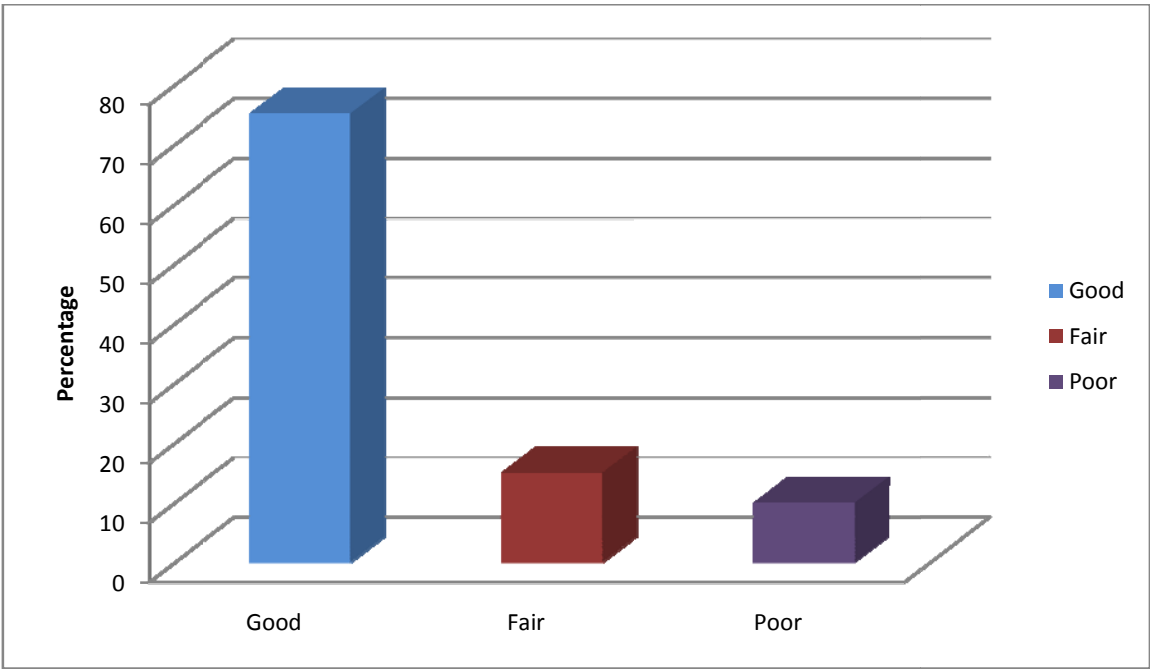
GRADATION OF RESULTS



Analgesic Effect Of Venkaram Powder



GRADATION OF RESULTS



DISCUSSION

The drug Sivakaranthai ilai chooranam was taken for dissertation work to establish its efficacy in the disease of “Azhal keel vayu” as per Siddha literatures. The drug is prepared and dispensed to in - patient and out patients at the dose 1 gm twice with Butter before meals. The butter enhances the test drug and prevent the gastric irritation. The drug is subjected to Bio- Chemical, Micro biological and Pharmacological, Clinical and Bio statistical analysis.

To have an introductory knowledge about Sivakaranthai, its full description Botanical aspect, distinguishing features were mentioned.

In the view of Gunapadam aspect synonyms, organoleptic characters, therapeutic action of Sivakaranthai and various medicinal uses were reviewed.

Siddhar had discovered the medicinal values of herbs through intuition and expressed them in their literatures. The medicinal men have practiced these since time immemorial. In modern days any system will be accepted only if it is proved scientifically through modern research methodology. A sincere attempt was made by the author to confirm the efficacy of the drug through pharmacological and clinical trials.

The bio-chemical analysis of sivakaranthai ilai chooranam was done in the Department of Bio-chemistry, Government Siddha Medical College, Palayamkottai. The result reveals that the test drug **has ferrous iron, tannic acid, unsaturated compound, reducing sugar, amino acid.**

Regarding the Azhal keel vayu patients, they are generally seemed to be weakened due to disability to make walking and desirable to do day-to-day activities. Sivakaranthai ilai chooranam content of ferrous iron, Tannic acid, Amino acid plays a vital role for the weakened joint as the supportive therapy for compensation of density loss in bones and joints in this degenerative condition.

Pharmacological analysis of sivakaranthai ilai chooranam was done in the Department of pharmacology, Government Siddha Medical College, Palayamkottai. The result reveals that the drug had **significant effects on analgesic** this can be considered as the pain in the Azhal keelvayu patients were subsided in the clinical study. As for as the **significant effects on acute anti-Inflammatory, chronic anti-Inflammatory** the soft tissue swelling were subsided. In the clinical trial, this could be taken as an evidence for the reduction in the swelling and improved joint movements.

Anti-Microbial study reveals that the test drug is sensitive against *Staphylococcus pyogenes*. (Zone of inhibition 16 mm).

For the purpose of clinical trials, 40 patients of both sexes were selected in selection criteria, in them 30 were out patients and 10 were

inpatients. For all of them routine blood and urine examination were done before and after treatment. Also X- ray is done before and after treatment. No typical changes in the X- ray after treatment between two X-rays. The patients were given medical advice regarding diet and they were advised to do exercise to strengthen the Quadriceps muscle and practiced to do yoga and pranayamam. They were advised to take plenty of water to relieve constipation. The improvement was proved by alleviation of symptoms before and after treatment.

77.5 % cases showed good response, 15 % cases showed fair response, and remaining 7.5 % cases showed no response. After the course of treatment E.S.R. level and oesinophilia count were significantly reduced in most of the patients.

Apart from this, the actions of Sivakaranthai ilai chooranam Anti-histaminic, Antipyretic, and Anti-spasmodic effects have been mentioned, as a supportive evidence for its significant medicinal values. The Sivakaranthai ilai chooranam has no adverse effect.

Thus, Sivakaranthai ilai Chooranam is an effective drug for Azhal keelvayu.

SUMMARY

The drug Sivakaranthai ilai was selected for the study to establish the analgesic; anti-inflammatory effect on Azhal keel vayu". The dose of the Sivakaranthai chooranam is 1 gm twice a day with butter before meals.

Brief description in botany regarding the morphological characters of the plant Sivakaranthai was reviewed.

From the Gunapadam aspects, various texts, literatures, journals, Internet (Websites) were referred.

Bio-chemical analysis was done and it reveals that the drug contains ferrous iron, tannic acid, unsaturated, compound, reducing sugar, amino acid.

Microbiological studies revealed that the drug sensitives to Staphylococcus pyogenes

Pharmacological studies showed that the drug posses significant analgesic, anti-inflammatory, anti-spasmodic, antipyretic and Antihistamine actions.

Clinical studies indicated that the test drug 77.5 % patients have good response. Thus, the Anti-inflammatory, Analgesic effect and its role in management of Azhal keel vayu were established in this study.

No toxic symptoms or adverse reactions had been appeared during and after the period of treatment.

CONCLUSION

This is concluded that the trial drug Sivakaranthai ilai chooranam is found to be an effective in Azhal keelvayu without producing any untoward effects. This study ascertains the activity of this drug as described in siddha literatures.

INTRODUCTION

Man is the wonderful creature blessed by god. Imagination and laughter is milestones on the way that distinguishes man from the other animals. Of mere living, no man was ever proud; but good life has always been his life.

To desire among goods the greatest good which is the most desirable, thus to be truest to the self; to prefer among beautiful things, the grandest beauty, thus to weigh objective things most truly; to worship that only which reflects infinite value; for this sound mind, one needs sound body. Health is a state, which not only keeps the body sound but also the mind.

Man is hale and healthy when his life moves along with nature. When he violates against it, he is pushed into, mental stress deteriorates his physique and ultimately his sound mind.

Today's modern industrialization imbalances the Ecosystem that paves way for many diseases. To uproot the diseases there should be a system of medicine, which goes hand in hand with the nature.

In the legend of Science, the only system with rich Dravidian culture is the noble Siddha System of Medicine. It is holistic and treats the complete individual and not merely the disease. The treatment varies for different individuals based on their constitution (Prakrithi) and dietary habits.

Happiness is possible when one is free from pains - physically, mentally and emotionally. Moreover, there is no need for any treatment for this body, when our mind is free from all of our life style interruptions. So above all this, when the body is affected by diseases, medicine is needed. Among the various systems of medicines, Siddha medicine gives confidence in our life in the way of treatment as well as prevention and prolongation of life.

In Siddha Materia Medica, the Siddhars have given importance to Metals, Minerals, Gems and Salts due to their curative properties. In Siddha literatures the Metals and Minerals are coming under the head of “*Thathu*”. *Thathu* includes four divisions via,

Ulogam

Karasaram

Padanam

Uparasam

The “*Karasaram*” includes 25 salts in which 10 are Natural and the remaining 15 are synthetic salts. Venkaram (*Borax-Sodium Tetra borate*) coming under The *Thathu vaguppu* belongs to “*Karasaram*”. In Bogar 2000 Venkaram is mentioned in *ceyarkkai karasarangal*. In the *Panchabootha karasarankal* Venkaram is one of the major ingredients and it belongs to *Vayu bootham* - (Bogar karasarankal thurai).

Siddhar knowledge of Alchemy (*Vathavethiyial*), Minerals, Metals was stupendous. The process like Calcinations of Minerals and Metals with the help of a super salt known as “*Muppu*”. Like *muppu*, Venkaram is used in *vathavethiyial*.

“ஆச்சரப்பர வெண்கரந் தன்னால் மைந்தர

அப்பனே உண்டாச்சு சரக்கேர கோடி

காச்சப்பர உருக்கினத்துக்கு ஆதிஆகும்

கருவான வேதைக்கும் ஆதிஆகும்

பாச்சப்பர சத்துகளுக்கு உயிரே ஆகும்”.

Therefore, the author has selected the test drug for treating Soothagavali and proves the efficacy of the drug.

AIM AND OBJECTIVE

The aim and object of this dissertation work is to review the available literatures in Venkaram and also to prove the efficacy of the drug in treating *Soothagavali* (Dysmenorrhea) through clinical & scientific parameters.

Dysmenorrhoea, or painful menstruation, is one of the most frequent of Gynecological complaints, and there is reason to believe that its incidence becomes higher with the degree of civilization of the community. Severe dysmenorrhoea is most prevalent in young single women leading sedentary lives, and its frequency has some economic importance, for the patients are often incapacitated from work for one or more days during each period. Although dysmenorrhoea should not be regarded as a serious affection, its treatment is of great importance to the practicing physician in view of the interruption in the patient's economic and social life, not to mention the important psychological effects.

The majority of cases of dysmenorrhoea fall into Spasmodic group, and it is probable that nearly 50% of the adult female population suffer at some time from varying degrees of this symptom, though less than 10% will seek medical advice.

When going through various Siddha literatures the author felt the importance of the drug Venkaram especially in treating *Soothagavali* and hence selected this drug as dissertation topic.

Among them food habits are more important. There are lot of changes in producing the food grains, rice, vegetables and drinking water. Tinned foods, beverages, tea, coffee are occupying our daily routine life. Excess of these food habits lead to many discomforts in our normal healthy condition.

According to the literature “Gunapadam Thathu Jeeva, vaguppu” page -329. The trial drug possesses Analgesic, Anti-spasmodic, and Anti-histamine actions. This has been further proved by the clinical trials on *Soothagavali* and the results are discussed in detail in this dissertation.

REVIEW OF LITERATURE

CHEMICAL ASPECT OF BORAX

Borax, a hydrated Sodium Tetra borate, is one of the most important of boron minerals .

VERNACULAR NAME

Sanskrit	-	Tankana, Tunkana, Rasashodhan
English	-	Sodium borate, Sodium biborate, Biborate of soda, Borax, Tynkal, Biborate, Tetraborate sodium.
Hindi	-	Tinkal, Tincal, Sohaga
Bn, Duk, Panj	-	Sohaga, Suhaga, Tinar, Tinal
Kash	-	Vavut
Arab	-	Buraekes -aghah
Pers	-	Tinkar-Tankar
Tibetean	-	Chusal
Bom & Gu	-	Tankan-khar, kuddia-khar
Kon & Mah	-	Kankankhar
Telugu	-	Velligaram, Elegaram
Tamil	-	Venkaram, Vengaram
Malayalam	-	Ponkaram
Kanada	-	Biligara
Sinh	-	Pushara
Bruma	-	Lakhiya
Malay	-	Pijar, palleri

- The Wealth of India Vol1B, page-199

Distribution

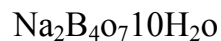
Borax can be found in nature or can be synthesized from boron compounds.

In nature, it is found in dry, mountain region. During rainy seasons, run off from the mountains contain a high levels of boron. This run off collects in lakebeds called playas. The playas evaporate quickly due to the dry climate, leaving behind the boron. Since there is so much evaporation, a lot of boron is left in the valleys. Eventually there is enough boron to produce crystals of borax and other boron compounds.

Borates are obtained commercially from bedded deposits beneath old playas (Shallow alkaline and alkaline Tertiary lakes). Borates are produced in various countries of the world. The largest deposits of borates are located in Kramer district; California (about 50% of world supply of borax comes from California), U.S.A and Turkey are the largest producers of borates followed by USSR, Argentina, China, Peru and Chile.

Although the economically workable deposits of borax are not found in India, limited occurrences of minerals are recorded in the Puga valley in Jammu & Kashmir. Other occurrences of borax in Ladakh district are seen at Chumathang. In Rajasthan, bitternes of sambhan salt contain 0.5 % of borax.

Molecular Formula Of Borax



Composition

Na ₂ O	-	16.25%
B ₂ O ₃	-	36.6%
H ₂ O	-	47.24%
Sodium	-	12.06%
Boron	-	11.34%
Hydrogen	-	5.29%
Oxygen	-	71.32%

Geological Aspects Of Borax

Color	-	Grayish white, Colorless, Green, Blue, Gray
Density	-	1.71
Hardness	-	2 to 2.5
Molecular Weight	-	381.37 gm
Fracture	-	Very brittle fracture producing small Conchoidal fragments
Cleavage	-	Perfect
Luster	-	Greasy (oily), vitreous to dull
Diaphaneity	-	Translucent to opaque
Streak	-	White
Crystal forms & Aggregates	-	Monoclinic

This occurs as small (or) tall prismatic crystals. Crystals is generally well formed and can be quiet large. They are usually in disorganized groupings and sometimes striated. Borax occurs earthy and encrusting.

- Luminescence - None
- Specific Gravity - 1.74
- Habit - Large, transparent, prismatic crystals, lumps and glossy masses.

Physical Aspects Of Borax

- Radioactivity - Grapi = 0 (Gamma Ray American Petroleum Institute Units)

Borax is not Radio Active.

- Taste - Saline alkaline . Metallic Taste
- Solubility - Soluble in cold water, glycerin.
In soluble in alcohol.

- www.mindat.org.

- Fatal Dose - 15 to 20 grams for adults.
5 gms for children.

50 gms/ 100 ml blood indicates borax in Borax poisoning

-Modis. Medical Juries Prudence and Toxicology.

Borax is sold in transparent, colorless, crystalline masses with cool saltiest odor and styptic taste.

-Tamil perakarathy (Tamil-English Dictionary).

Mining And Preparation

Borates are obtained commercially from;

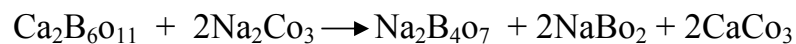
- Bedded deposits beneath old plays (Shallow saline and alkaline Tertiary lakes)
- Brines of saline lakes and marshes
- Encrustations around playas and
- Hot springs and fumaroles.

The origin of various types of borate deposits involves simple concentration and evaporation followed by many chemical and micro logical transformations before final fixation in the borate minerals now found.

The bedded borate deposits are extracted by underground mining methods, and the mined material is crushed and roasted to remove the water, separated from the clay and refined to borax. Brines containing borax are pumped out and the various constituents are separated by evaporation followed by fractional crystallization with careful control of temperature and concentration.

During evaporation the sodium carbonate, sulphide and chloride are precipitated. When saturation with potassium chloride occurs, rapid cooling causes it to be precipitated. Further cooling gives borax and other salts, which are then refined to pure borax.

Borax is obtained by boiling native calcium borate with solution of Sodium carbonate.



Calcium Sodium Borax Borate Carbonate

Classification Of Borax

There are 2 types of borax available

- Dana class
- Stutz class

Different Forms Of Borax

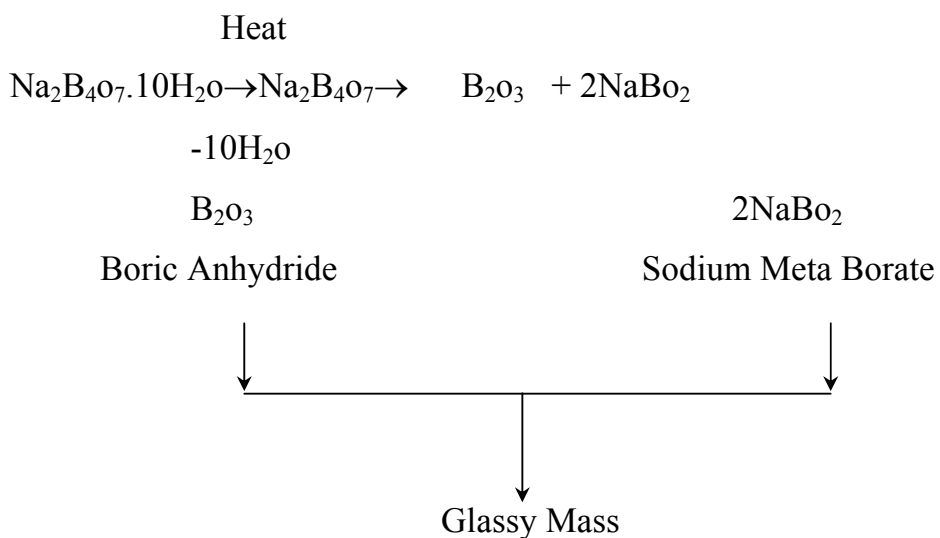
Borax exists in three forms, viz,

- Ordinary or Prismatic borax ($\text{Na}_2\text{B}_4\text{O}_7 \cdot 10\text{H}_2\text{O}$)
- Octahedral or jewelers borax ($\text{Na}_2\text{B}_4\text{O}_7 \cdot 5\text{H}_2\text{O}$)
- Borax glass or anhydrous form ($\text{Na}_2\text{B}_4\text{O}_7$)

It occurs in the form of large a transparent prismatic crystal resembles in shape the crystals of augite. Borax is obtained by boiling native Calcium borate with solution of Sodium Carbonate.

Action Of Heat

When heated, Borax gradually loses its water of crystallization, swells up. On heating above its melting point, it becomes a fused glassy mass, which consists of Sodium Meta borate (NaBO_2) and boric anhydride (B_2O_3).



Source

It occurs as natural deposit. Crude borax is found in masses by evaporation of water, on shores of dried up lakes in India & Tibet; it is also obtained from the mud of lakes surrounded by hills in Nepal.

In this crude state, it is known as “Sohugoor” or “Tinkala” when purified by dissolving it in water straining through cloth, evaporating to dryness and crystallizing. It is called “Borax” or “Tankan khar.”

Purification

Borax is purified by being stepped for a night in kanjika (whey) and dried in the sun.

Basic Nature

It is sparingly soluble in cold water and soluble in hot water.

The solution is alkaline in reaction because borax is hydrolyzed and it forms a mixture of sodium hydroxide (strong base) and boric acid (weak acid).

Uses

- In borax bead test for the detection of boric radicals
- As a preservative of food
- In leather and match industries
- In cleaning,
 - Soaps
 - Detergents
 - Disinfectants
 - Mouth washes.
- Water softeners
- Slime for children
- Fertilizer additives
- Pesticides
- The making of enamel glazes
- The making of heat resistant glass
- Strengthening pottery and ceramics
- Flux in welding & soldering
- Solvent for metal- oxid slags in metallurgy
- Converting to boric acid or borate.

- Medically it has an abundant uses.
 - It is externally used as an eye wash
 - It has been used as a topical for wounds & injuries.
 - It has been used in oriental medicine as an expectorant in a case of stubborn phlegm
- In homeopathy, it is used as a secondary remedy to anxiety related illness, causing heat to lodge in the system.

- The Wealth of India Page No-199

GUNAPADAM ASPECT

வெங்காரம்

காரசார வகைகள் 25 - னுள் இயற்கை உப்பு 10, செயற்கை உப்பு 15 வகைப்படும். அவற்றுள் வெங்காரம் செயற்கை உப்பு வகையினைச் சார்ந்ததாகும்.

கிடைக்கும் இடங்கள்

இஃது அதிக அளவில் கலிபோர்னியாவில் உள்ள கிளியர் ஏரியிலும், பெரு என்ற இடத்திலும் இந்தியாவில் திபெத், நேபாளம் முதலிய இடங்களில் உள்ள ஏரிகளிலும் (உள்ள நீர் வற்றினால் அவைகளுல் உப்பு உறைந்து) கிடைக்கிறது. மண்ணுடன் கலந்திருக்கும். இவ்வுப்புக்கற்களை நீரில் கரைத்து பிற பொருட்களை நீக்கி மறுபடியும் காய்ச்சி உப்பாக்கிக் கொள்ளல் வழக்கம். கடைச்சரக்கு சுத்தமானதன்று. ஆகையினால் அதற்கு 4 பங்கு வெந்நீரும், சிறிது சுண்ணாம்பும் கூட்டி வடிகட்டி சூரிய வெப்பத்தில் வைத்தாவது, தீயிலிட்டு எரித்தாவது அதில் உள்ள நீரைப்போக்கி உப்பை எடுத்துக்கொள்ள வேண்டும்.

வெங்காரத்தின் பண்புகள்

- இவ்வுப்பு வெள்ளையாய் தெளிவாய் சிலகோணங்களோடு மினுமினுப்பாய் இருக்கும்.
- இது நீரில் கரையும். சாராயத்தில் கரையாது.
- காற்று படும்படி வைத்தால் உப்பின் மேல் வெண்ணிறத்தூள் படும்.
- வெங்காரத்தை பொரித்தால் அதிலிருக்கும் நீர் வற்றி பொரிந்து, அதில் சிறிய துவாரங்கள் தோன்றும்.

- குணபாடம் தாதுசீவ வகுப்பு - பக்கம் - 326

பஞ்ச பூதாம்சம்

வெங்காரம் வாயு பூதாம்சம் கொண்டது என்பதனைக் கீழ்க்கண்ட பாடலால் அறியலாம்.

”அறிந்து கொள் வெடியுப்பும் சவுட்டினுப்பும்

அரகரா தேயுவென்றே அறியலாம்ஞு

தெரிந்து பார் வெங்காரத் துருசி ரண்டும்

திறமான வாயுவென்றே செப்பலாகும்” - போகர் காரசாரத்துறை.

வெங்காரத்தின் வேறு பெயர்கள்

”தாரமென்ற வடங்க மென்றும் பேரு

தருவான சீலையென்றும் வேலையென்றும் பேரு

ஆரமென்ற வங்க நடமென்றும் பேரு

ஆதமத சம்மேக நசமென்றும் பேரு

காரமென துடங்கன மென்றும் பேரு

காடச மென்றதற்குப் பேருண்டாச்சு

துரமில்லாப் பேரிது பார் எவ்வெட்டாச் சொன்னோம்

சூட்சுமதாயிந்த வெண்ணுநர் வெங்காரத்தின் பேரே.

காரமென்றாந் காரமல்ல புலத்தியனே கேளும்

கருவான விரிகார் படுகாரந்தானே

வாரமென்ற துரிகார மென்றும் பேரு

வனமான வரிகாரம் நரிகாரமென்றும்

சீரமென்ற குருகார லகுகாரந்தான்

காகிகாரம் பெதிகாரமென்றும் பேரு

சாரமென்ற நெறிகார மென்றும் பேரு

சாற்றினோம் சுந்தரமெ பொரிகாரத்தின் பெயரே.”

-அகத்திய முனிவர் பஞ்சகாவியம் பக்கம் - 58

-பஞ்சகாவிய நிகண்டு பக்கம் - 83

”வெண்காரப் பேர்தனையே விளம்பக் கேளு

மேதினியோர் தங்களுக்கு உருக்கினமாகுஞ்

சங்காரம் போலவே சத்தெல்லாமாகும்

சத்தானப் பொறிகறிக் குடோரியாகும்

அங்காரி டங்கணமும மடங்காத

தூமத்தை அடங்கப் பண்ணி

பொறிகறி தனக்கிசைந்த பேருமாமே”.

- போகர் நிகண்டு 1700 பக்கம் - 14

பொருள்

இது சரக்குகளை உருக்கும் போது புகையை அடக்கி வைக்கும் தன்மை உள்ளது.உருக்கினம், சந்தாணி, பொரிகாரி, குடோரி, ஆங்காரி, மணிக்காரி,டங்கணம், பொங்காரி, சரக்குமித்திரு.

”டங்கணம் லோக சுத்தி காரகம் த்ரவி யோடு

டங்கண ஷார மற்றைத் தகுதிர வணகமாகும்

பொங்கு மாலதிர ஸத்தின் சம்பவ மென்றும் போற்றும்

இங்கிவை வெங்காரத்துக் கேற்றிடு நாமமாகும்”

- நிகண்டு ரத்நாகரம்

பசு மூலி அகராதி

பொரி

குடோரி,

காரம்,

காடசம்,

வெலிக்காரம்,

குறிஞ்சனம்,

வைத்திய மூலிகை அகராதி

டங்கணம்

டங்கணம்,

குறிஞ்சனம்,

பொரிகாரம்.

தட்சாயனர் வைத்திய அட்டவணை

டங்கணம்,

பொரிகாரம்.

வெண்காரம்

டங்கணம்,

பொரிகாரம்,

காரம்

- காரமண்ணிலிருந்து எடுக்கும் உப்பு,

எரிச்சலை உண்டாக்கி

கருபிண்டம்

காரணம்

இஃது அனைத்து உலோகங்கள், பாடாணங்கள், செந்தூரம், களங்கு இவைகட்கு காரணமாகவும் ஆதியாகவும் விளங்குகிறது.

குணபாடம் தாது சீவ வகுப்பு

துமத்தை அடக்கி,

உருக்குமித்திரன்,

உருக்கினம்.

பிரம்மமுனி மருத்துவ விளக்கம்.

டங்கணம்,
வெங்காரம்,
பொரிகாரம்,
காரம்,
துமத்தை அடக்கி,
உருக்குமித்திரன்,
உருக்கினம்.

தமிழ் பேரகராதி

வெண்காரம்
பேதகமணி

பச்சிலை மூலிகை அகராதி

பதினெண் சித்தர் பச்சிலை மூலிகை அகராதி

வெலிகாரம்
காபீரம்

வெங்கார வைப்பு முறைகள்

"போக்கான நிலுப்பு கல்லுப்புப் போடு
புகழான படிசுத்துள் அண்டலித்தும்
தாக்கான மணி உளுந்து மாவோடெக்க
தனிக்கள்ளிப்பால் வார்த்துக்கிண்டி மைந்தா
ஆக்கான பானைதனில் இட்டுமூடி
அருமை உள்ள சிறுநீருங்கூடலிட்டு
நீங்காமல் மண்டிலந்தான் சமதி வைத்தால்
நிலைத்ததொரு வெங்காரப் பலகையாச்சே

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ஆச்சரப்பா வெண்காரந் தன்னால் மைந்தா
அப்பனே உண்டாச்சு சரக்கோ கோடி
காச்சப்பா உருக்கினத்துக்கு ஆதிஆகும்
கருவான வேதைக்கும் ஆதிஆகும்
பாச்சப்பா சத்துகளுக்கு உயிரே ஆகும்
பாங்கான நீருக்கும் சுண்ணத்துக்கும்
பேச்சான வெடியுப்பு சீனம் ரெண்டில்
பிலமான உளுந்தினுட மாவைச் சேரே
சேரப்பா கள்ளிப்பால் விட்டு நன்றாய்
திரமாகக் கிண்டி நன்றாய்ப் பாண்டத்திட்டு
நீர்ப்பா விட்டு நன்றாய் சமாதி வைத்தால்
நிசமான துய்ய நிற வெண்கார மாச்சு
காரப்பா வெண்காரம் பொரிகாரம் ரெண்டும்
கருவானிதான் அறிவார் மற்றோர் காணார்
பேரப்பா சொல்ல வென்றால் நாவே இல்லை
பிசகாத சாரத்தைச் சொல்லக் கேளே”.

-அகத்தியர் அமுதகலை ஞானம் - பக்கம் 17

”காத்துமே வெங்கார வைப்புக் கேளு
கரடில்லாச் சீனமது பலமும் நூறு
பாத்துமே பருப்புப் போல் பலகையாகப்
பாங்காக வெட்டியே வைத்துக் கொண்டு
போத்துமே பெரும்பாண்டம் தன்னில் தானும்
பூநீறு படிதான் ஒன்று அளந்தேதத போட்டுத்
தாத்துமே தண்ணீர்தான் படிதான் எட்டு
தனில் கரைத்துத் தெளிவெல்லாம் இறுத்துக் கொள்ளே”

(1097)

"இறுத்துமே பதினாறுக்கு ஒன்று வெடியுப்பு
 ஏற்றமாம் சீனத்தில் கலந்து கொண்டு
 மறுத்துமே பூநீற்றுத் தண்ணீர் போட்டு
 மகத்தான ரவிதனிலே வைப்பாய் பட்சம்
 கறுத்துமே இருக்குமதை அடுப்பில் வைத்துக்
 கள்ளிகட்ட சாம்பலது படிஒன்றளந்து
 நிறுத்துமே பூநீறோ டொக்கப்போடு
 நேர்ந்த பின்பு குன்றிமணிச்சாறு வாரே". (1098)
 "சாறுதான் இலைஇடித்துப் படிதான் வார்த்துத்
 தயங்காமல் விளக்கெண்ணெய் பாதிவாரு
 ஆறுதான் அடுப்பேற்றி பொங்கி வாராது
 அசகாமல் கமலம் போல் தீயைப்போடு
 நூறுதான் நாழிகைநாள் எரித்தாயானால்
 நலங்காமல் வாய்விரிந்த தாழி பார்த்து
 வேறுதான் ஊற்றிப்பின் வெய்யிலில் வைக்க
 விடுபட்டால் பட்சம் வெங்காரம் தானே" (1099)

- போகர் 7000. 2ம் காண்டம் பக்கம்-39

ஒரு பெரிய பாண்டத்தில் பூநீறு 1 படி (1.3லிட்டர்) தண்ணீர் 8 படி (10.4
 லிட்டர்) சேர்த்து தெளிவிருத்து இதில் பருப்புப் போலவும், பலகை பலகையாகவும்
 உடைத்த சீனம் பலம் 100 (3500 கிராம்) வெடியுப்பு பலம் 6.25 (219 கிராம்)
 சேர்த்து 1 பட்சம் சூரிய வெப்பத்தில் காய வைத்தால் கறுக்கும்.இதை அடுப்பில்
 ஏற்றி கள்ளி சுட்ட சாம்பல் 1 படி (1.3லிட்டர்) குன்றியிலைச்சாறு 1 படி (1.3லிட்டர்)
 ஆமணக்கு நெய் அரைப்படி (650 லிட்டர்) கூட்டி பொங்காதவாறு கமலம் போல்
 எரித்து, வாயகன்ற பாத்திரத்திலூற்றி 1 பட்சம் வெய்யிலில் வைக்க
 வெங்காரமாகும். இந்த பொருள் 64 சரக்கையும் கட்டுமென்றும், உபரசம் 120

ஐயும் சத்தாக்கும், என்றும் காரத்தைக் கட்டும் என்றும், களங்கு, செந்தூரம், குரு இவைகளுக்கு ஆதியாகும்.

- குணபாடம் தாது சீவ வகுப்பு -326

வெங்கார மகிமை

”காரமென்று இதற்குப் பேர் வந்தது
கட்டுமே அறுபத்து நாலு தாதும்
காரமென்று இதற்குப் பேர் வந்ததாலே
கடிசான உபரசநூற்றி ரண்டும் சத்தாம்
காரமென்று இதற்குப் பேர் வந்ததென்றால்
கட்டாத சாரந்தான் இதற்குள் கட்டும்
காரமென்று இதற்குப் பேர் வந்ததாலே
களங்கு குரு சிந்தூரத்து ஆதி தானே”.

- போகர் 7000 2 ம் காண்டம் பக்கம்-40

பொருள்

களங்கு, செந்தூரம், குரு, இவைகட்கு ஆதியாகும்.
64 பாடாணங்களையும் கட்டும்
120 உபரசத்தையும் சத்தாக்கும்
கட்டாத சாரத்தைக் கட்டும்.

சுவை

இனிப்புடன் கூடிய துவர்ப்பு.

வீரியம்

”வெங்காரம் வெய்தெனினும் நோய் போக்கும்”

வெப்பம்

செய்கை

குளிர்ச்சியுண்டாக்கி	-	Refrigerant
சிறுநீர்பெருக்கி	-	Diuretic
ருதுஉண்டாக்கி	-	Emmenagogue
பிரசவகாரி	-	Parturifaction
கற்கரைச்சி	-	Lithotripter

வெளியாட்சியில்,

உடல்தேற்றி	-	Alterative
அழுகல் அகற்றி	-	Antiseptic
துவர்ப்பி	-	Astringent

- குணபாடம் தாது சீவ வகுப்பு - பக்கம் -326

பொதுக்குணம்

“வெங்காரஞ் சேத்துமத்தை வேறுபண்ணுமேகடுகு
தங்கு சில நீர்முறியத்தான் வாக்கும்”

பொருள்

வெங்காரம் கபத்தையும் நீர்ப்பிணியையும் நீக்கும்.

(வேறு)

“வெங்காரக் குணமிதென்று விதமுடனுரைக்கக் கேளாய்
சங்கர மருந்தோஷந் தன்னையே சங்கரிக்கு
முங்கன லுதவியில்லா வுதரத்தில் வாயுமாளும்
பொங்கிய இருமல் மாந்தம் போக்கிடு முண்மைதானே”

பொருள்

வெங்காரம் தோஷித்த தோடம், உதரவாயு, இருமல், மாந்தம்
முதலியவற்றைப் போக்கும்.

- குணபாடம் தாது சீவ வகுப்பு - பக்கம் - 326

"சோறி புடையெண் குன்ம நமை சோரியாசம்
பறிகிரகணி கல்லுனம் பன்னேயம் - நெறியைத்
தடங்கணங்க பங்கிருமி சர்ப்ப விடஞ் சந்நி
யிடங்கணங்க லக்கிற்போ மெண்"

"வெங்காரஞ் சேடங் காசம் வீட்டிடுஞ் சலமும் போக்கும்
தங்கிடும் சீனக்காரஞ் சாற்றுபல்லரணை வாயு
பொங்கு கண் வியாதி போக்கும் பொரிகாரம் வாதவீக்கம்
பங்கமார் கபத்தினோடு பகர்சால நன்றாய் போக்கும்"

- பதார்த்த சூடாமணி - பக்கம் ச1௭

காரத்தின் சத்துரு - மித்துரு

"செய்யவே காரத்தின் சத்துருவைக் கேளு
சிலாசத்து பிளியோடு அண்டமாகும்
தொய்யவே சூடனோடு சுண்ணவகை யெல்லாஞ்
சூஷமாம் பூரமொடு சத்துருவாகும்
மெய்யவே உபரசங்கள் பாஷாணங்கள்
வளமான லோகங்கள் மற்றதெல்லாம்
கையவே காரத்தின் மித்துருவாகும்
கணக்காக வுள்ளபடி கருதிப்பாரே".

- போகர் நிகண்டு 1700 பக்கம் - 203

பொருள்:

சிலாசத்து,

பிளி,

அண்டம்,

சூடன்,

எல்லாவகையான சுன்னங்களும்,

பூரமும் - வெண்காரத்திற்கு சத்துருவாகும்.

மேலேகுறிப்பிடப்பட்டசரக்குகள், நீங்கலாக

உபரசங்கள்,

பாஷாணங்கள்,

லோகங்கள் - எல்லாம் வெண்காரத்திற்கு மித்துருவாகும்.

வெங்காரத்தின் பண்பு

உலோகங்களை உருக்கிச்சாய்க்கும் பண்பு

”வெங்காரத்தை சேர்த்து ஊதியுருக்கினால்

அயம் செத்து செம்பு வெளியாகும்”

”தானே நீ வாதியென்றால் வெங்காரத்தைத்

தாக்கினாற் செம்புண்டு சித்தியுண்டு

பானேநீ காரமது அயத்தைக் கொல்லும்

பதிவாகத் தவிடுபொடி யாகும்பாரு

கானேநீ சேர்த்தாக்கால் வாதமாகும்

கருத்தாகச் சொன்னமுறை போலேபாரு

வானே நீ பேய்த்தனமாய்த் திரியவேண்டாம்

வகையாகச் செம்பைமுந்தி கொன்றுபாரே”

அயத்தின் பகைச்சரக்கு - வெங்காரம்

அயத்தின் நட்புசரக்கு - செம்பு

வெங்காரமானது, ரசவாதமுறையில் பயன்படுகிறது என்பதற்கு இ/து ஓர் உதாரணம். வெங்காரம் அயத்திற்கு பகையானதால் , அதை உருக்கிச்சாய்க்கும் போது அயம் செத்து,அதன் நட்புசரக்கான செம்பு வெளியாகிறது.

சுத்தி

“சேர்த்த தெரு வெங்கரச் சுத்தி கேளு
திறமையுடன் பழரசத்தி லரைத்துக் கொண்டு
நேர்த்தியுடன் வில்லை தட்டி உலர்த்திக் கொண்டால்
நேரான சுத்தியீதாகும் பாரு”

- யாகோபு வைத்தியம் - 300, பாடல் -36, பக்கம் - 15

- அனுபோக வைத்திய பிரம்மரகசியம் - பக்கம் - 6

பொருள்

1. வெங்காரத்தை வாங்கி வந்து காடியிலாவது,பழச்சாற்றிலாவது
குழியம்மியிற் போட்டு அரைத்து வில்லை தட்டிக் காயவைத்துக்
கொள்ளவும்.

2. வெங்காரத்தை எருமைச்சாணியில் சேர்த்து கசக்கி அலம்பி விட
சுத்தியாகும்.

- பிராணரஷ்சாமிர்தசிந்து - 2 வது பாகம்இ பக்கம் - 334

- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் - 565

3. முருக்கன் தழையைத் துவைத்து,பானையில் இடவும். 2 படி தண்ணீரில்
இட்டு வேடுகட்டவும்.மேலே வெங்காரம் போட்டு சட்டியால் மூடி எரிக்கவும்.
ஆரை நாழிகைக்கு பின் எடுத்து கொள்ளவும்.

- அகத்தியர் அட்டவணை வாகடம் பக்கம் - 22

4. பசுவின் கோமயத்தில் 1 நாள் ஊறப்போட்டு,கற்றாழை இலையில் மிளகு
போட்டு 1 நாள் கழித்து வடிகட்டவும்.

- அகத்தியர் அட்டவணை வாகடம் பக்கம் - 23

5. அமுரியில் 3 நாள் ஊற வைக்கவும்

- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் - 565

6. பழச்சாற்றிலாவது காடியிலாவது, நொச்சியிலைச் சாற்றிலாவது துவைத்து, துவைத்து உலர்த்திக் கொண்டால் சுத்தி.

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வெண்காரக் குடோரி

வாதம் செய்யும் போது உருக்கு முகத்தில் உபயோகிப்பது.

வெண்காரம் பலகை

வெண்காரத்தை வாதவித்தையால் உருக்கிப் பலகை போல் உருக்கிச் சாய்த்தல்.

வெண்கார மது

வெண்காரத்தினின்று தயாரித்த தேன்.

வெண்காரம்

சாறு வராத தழைகளில் சாறு வரச் செய்யும் ஓர் வகை உப்பு

வெண்காரம்

பொரிகாரம்

Borax-Barborate Of Soda

Sodium Biboras

இது வாய்ப்புண் உதடு ,வெடிப்பு, முலைக்காம்பு வெடிப்புகளுக்கு மேல் தடவலாம்.

It enters into composition of many medicinal preprations and so, it is long now to Hindus. It is brought from Tibt, Nepal, Himalaya etc. It is used in cases of loss of appetit, diarrhea, painful dyspepsia, cough, and asthma and skin diseases. It is employed in preventing abortion and promoting uterin contractions.

- The Indian Materia Medica - Page - 103

Borax is given internally in dose varying from 10-3 grains. In acidity of the stomach, amenorrhoea, dysmenorrhoea, menorrhagia, Purplal convulsions and to promote uterine pains during labour.

In prolonged and tedious labours due to want of action or power in the uterus to expell the foetus and in abortion under the same circumstances. 30 grains of borax with 10 grains of powdered Cinnamomum in a little warm conjee may be given every one or two hours to extent of three or 4 doses. This may also be given in convulsions attendant on labour. In case of suspension or irregularity of the menstrual discharge and in some chronic uterine affection, doses 10 grains with 10 grains of Cinnamon occasionally prove useful.

வெங்காரம் சேரும் இந்நோய்க்கான பிறமருந்துகள்

பரரச சேகரம் - கெர்ப்பரோக நிதானம்

1. அக்கினி குமாரன் மாத்திரை - பக்கம் - 7

அளவு - 130 மிகி

அனுபானம் - மிளகு குடிநீர்

2. அக்கினி குமார பற்பம் - பக்கம் - 8

அனுபானம் - பனங்கற்கண்டு

3. உள்ளியாமணக்கெண்ணெய் - பக்கம் - 17

அளவு - 5 கிராம்

4. சவர்க்கார எண்ணெய் பக்கம் - 18

5. மேற்படி வேப்பிலைக் காயம் - பக்கம் - 24

அளவு - 20 கிராம்

உண்ணும் காலம் - 12 நாள் காலை,மாலை

6. விரேசன எண்ணெய் - பக்கம் - 27

7. உள்ளிக்குழம்பு பக்கம் - 28

அளவு - தேவையான அளவு

அனுபானம் - வெந்நீர்

8. இலசுனாதி முக்கூட்டெண்ணெய் - பக்கம் - 30

9. கோரோசனைப் பற்பம் - பக்கம் - 31

அளவு - 1கிராம்

அனுபானம் - வெந்நீர்

10. கெர்ப்ப சஞ்சீவி எண்ணெய் பக்கம் - 55

அளவு -5 கிராம்

11. வசுவாசி சூரணம் பக்கம் - 59
 அளவு -488 மி .கி
 அனுபானம் - இஞ்சி, தேன், முலைப்பால்
12. கொதியெண்ணெய் - பக்கம் -61
13. நசியம் பக்கம் -69
14. அக்கினி குமாரம்
 அளவு - 65 மிகி, 2 வேளை,
 - அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 352
15. வந்ஹி குமாரம்
 அளவு - 130 மி.கி, காலை 1மாத்திரை
 - அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 352
16. மஹா விஷ கர்ப்ப தைலம்
 - அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 427
17. லகன பாகம்
 - அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 435
18. சூலை குடார ரசம்
 அனுபானம் -மிளகு சூரணம்இ இஞ்சி சூரணம்
 - அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 536
19. அக்கினி குமார ரசம்
 - அனுபவ வைத்திய தேவ ரகசியம் - சிகிச்சாசாரம் - பக்கம் - 53
20. சூலை பேதி மாத்திரை
 அளவு - 1 முதல் 3 மாத்திரை
 அனுபானம் - வெல்லம்,விளக்கெண்ணெய்
 - அனுபோக வைத்திய நவநீதம் - 9ம் பாகம் பக்கம் - 30

21. லிங்காதி சுகக்கழிச்சல் குளிகை

அளவு - ½ முதல் 1 மாத்திரை

அனுபானம் - வெல்லம், சர்க்கரை, வெண்ணெய்,பாலேடு

- அனுபோக வைத்திய நவநீதம் - 9ம் பாகம் பக்கம் -31

22. சர்வ நோய் இலிங்கச்செந்தூரம்

அளவு - 1 முதல் ½

அனுபானம் - தேன், நெய், வெண்ணெய்

- அனுபோக வைத்திய நவநீதம் - 4ம் பாகம் பக்கம் - 53

23. போசன சஞ்சீவி

அளவு - 48 கிராம் முதல் 56 கிராம்

- அனுபோக வைத்திய நவநீதம் - 3ம் பாகம் பக்கம் - 28

24. இலவணாதிக்குழம்பு

அளவு - 2 கிராம் முதல் 4 கிராம்

-அனுபோக வைத்திய நவநீதம் - 3ம் பாகம் பக்கம் - 48

25. சண்டமாருதக்குழம்பு

அனுபானம் - கொட்டைக்கரந்தை சாறு

- பிரம்மமுனி வைத்திய சூத்திரம் - பாகம் - 1 பக்கம் - 42

26. வெங்கார சஞ்சீவி செந்தூர மாத்திரை

அளவு - பாசிப்பயறு, காலை,மாலை 10 தினம்

அனுபானம் - மிளகு சூரணம்,திப்பிலி சூரணம், இஞ்சி சூரணம்

- பிரம்மமுனி வைத்திய சூத்திரம் - பாகம் - 2 பக்கம் - 88

27. மகாக்கோடாகூரிக் குளிகை

அளவு - 65 மி .கி

அனுபானம் - தும்பை ரசம்

- பிரம்மமுனி வைத்திய சூத்திரம்- பாகம்-2 பக்கம்-132

28. கெர்ப்ப சூலைக்குணம்-நிவர்த்தி
அளவு - 488 மி.கி
அனுபானம் - வெல்லம்
- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் - 61
29. கற்கூலைக்குணம் - நிவர்த்தி
அளவு - குளித்தது முதல் 5 கிராம்
- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் -62
30. இரத்த சூலைக்குணம்- நிவர்த்தி
ஆளவு - 5- 10 கிராம்
- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் -63
31. கெர்ப்ப விப்புருதிக்குணம்-நிவர்த்தி
அளவு - குளித்தது முதல் 5 தினம் 10 கிராம்
- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் -63
32. கெர்ப்ப ரோகங்களுக்கெல்லாம் பொதுப்பிரயோகம்
அளவு - 5 கிராம்
- உயிர்காக்கும் சித்த மருத்துவம் பக்கம் -65
33. லசன பிஷ்டி லேகியம்
அளவு - 4.2 கிராம்,காலை,மாலை
- சரபேந்திரர் மூல,சூலை,குஷ்ட,பித்த ரோக முறைகள் பக்கம்-4
34. சூலை அரிப்புக்கு வேப்பம் நெய்
அளவு - 16 மி.லிஅளவு,
- சரபேந்திரர் மூல,சூலை,குஷ்ட,பித்த ரோக முறைகள் பக்கம்-64

35. சூதக வாயு தீர் உருண்டை

அளவு - 12 கிராம்

- அகத்தியர் அட்டவணை வாகடம் பக்கம் -177

36. ஆறுமுகச்செந்தூரம்

அளவு - 65 -130 மி.கி

அனுபானம் - திரிகடுகு சூரணம்

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37. சும்மட்டிக் குழம்பு

அளவு - 300 மி.கி காலையில் மட்டும்

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சூதக வலி (Dysmenorrhoea)

“வாதமலாது மேனி கெடாது”

- தேரன் சேகரப்பா

Siddhars, spiritual scientists explored and explained the reality of Nature and its relationship to operate by their Yogic awareness. According to Siddha philosophy, man is nothing but a miniature world containing the five basic elements.

Universe originally consisted of atoms, which contributed to the five basic elements (Pancha boothas) namely earth, water, fire, air, and earth, which corresponds to the five senses of the human body, and they were the fundamentals of all human body and all the corporal things.

The Earth gives shape to the body and releases its energy. Bones, Muscles, nerves represent it in the body.

The Water makes the earth supply and helps in the transmission of energy. Serum, lymph, saliva, etc., represent in the body.

The Fire makes the form of the body steady and gives vigor and stimulations. Digestion and circulation represent it in the body.

The Air ignites the fire, works as a life carrier, and is the support of all contact and exchange. Respiratory and nervous system represent in the body.

The Ether is the creator of life itself in the body.

A harmonious combination and function of these five elements in the body produce a healthy life.

Man has gross physical body (ஸ்தூலம்) and subtle physical body (சூக்குமம்). The life force, which is different from material energy derived from food, pervades the gross physical through the subtle physical.

The food we eat has six tastes namely Sweet, Sour, Salt, Bitter, Pungent, Astringent.

Each of it is a mixture of two basic elements.

இனிப்பு	-	மண் + நீர்
புளிப்பு	-	மண் + தீ
உப்பு	-	நீர் + தீ
துவர்ப்பு	-	காற்று + ஆகாயம்
கைப்பு	-	மண் + ஆகாயம்

Panchaboothas are the foundations for thridosha (Vatham, Pitham, and Kapham) which are the pillars that support our body structure.

Vaayu constitute Vatham

Theyu constitute Pitham

Appu constitute Kapham

Any alteration in the level of Thridosha affects the normal functions of the body .This is obvious from the verses,

“மிகினும் குறையினும் நோய்செய்யும் ஞாலோர்
வளிமுதலா எண்ணிய மூன்று.

-திருக்குறள்(மருந்து)

The normal values of Tridhoshas are in the ratio

Vatham: Pitham: Kapham = 1:1/2:1/4

An alteration in this ratio produces disease.The signs and symptoms are produced according to the particular deranged dosha.

“நெடுவாதச் சர்வதுமன்றிச் சூலை வராத”

In Siddha literature, Soothagavali comes under the topic of Vatha disease.

கெர்ப்ப வாயுவின் குணம்

“பொருமு முதரந் தனையடர்த்துப் பேரதமிகவும் வலியுண்டாய்க்
குருதி சுழியில் வலிதீருங் கொள்ளுங் கெர்ப்ப முறவழிக்கும்
வருடி யிடுப்புத் துடையுளையு மயக்கு மலத்தை மிகவிறுக்கும்
பெருகப் பணைக்கு முதரத்திற் பேசுங் கெர்ப்ப வாயுவிதே. (எத)”

“வேர மிடது பாகத்தின் மிண்டி வலிக்கு மேலேறும்
சாருங் குருதி தணியாது தலையா மெனவே தலைதிமிர்க்கும்
நேரே திரளு நாபிக்கீழ் நிற்குஞ் சாய்கை யதிற்சாரும்
நூரி கடுக்குஞ் சந்துளையு நலஞ்சே ருதரந் தனில்வலியே (௭௨)”

- பராரச சேகரம் -கெர்ப்பரோக நிதானம் - பக்கம் - 17

உதரத்தில் வாயு சேர்ந்து பொருமும். மாதவிடாய் வரும் போது வலி கூடும்.
குருதி போனதும் வலி நீங்கும். அக்காலத்தில் கற்பம் சிதையும் . வயிறு,
இடுப்பு,தொடை தசைப்பகுதிகள் முறுக்கி கடும் வேதனையை உண்டாக்கும்.
இந்த சமயம் மயக்கம் உண்டாகி,மலம் இறுகும்.

இடது பக்கத்தில் வலி காணப்படும். பின் வாயு மேலேறி குருதி
தடையில்லாது போகும். காற்பாசயம் இந்நேரத்தில் சரிந்து காணும். வாயு
தலையில் ஏறும்.அதனால் தலை திமிர்க்கும். நேரே நாபிக்கு கீழ் நின்று கோளாறு
செய்து பின் நாபிக்கும் காலுக்கும் செல்வதால் நாபியும் கடுத்துக் காணப்படும்.
சந்துகள் அனைத்தும் குத்தி உளையும்.

MATERIALS AND METHODS

The author has selected Venkaram powder according to the reference found in the Siddha literature- Gunapadam - Thathu Jeeva vaguppu -.329

Collection Of The Test Drug

Venkaram was collected from the pharmacy attached to the Govt. Siddha Medical College, Palayamkottai.

Purification Of Venkaram

It was crushed into small pieces, put into a mud akal, and fried.

Preparation Of The Test Drug

Venkaram

Preparation

It was crushed into small pieces, and put into a Mud akal and fried. Then, it was put into kalvam and make in to fine powder.

Route Of Administration

Enteral

Dose

300 mg three times a day with Luke warm water after meals.

BIO CHEMICAL ANALYSIS

Preparation Of The Extract

100 mgm of the drug was weighed accurately, placed in to a clean beaker, and added a few drops of conc. Hydrochloric acid and evaporated it well. After evaporation cooled the content, added a few drops of conc. Nitric acid, and evaporated it well. After cooling the content add 20 ml of distilled water and dissolved it well. Then it was transferred to 100 ml volumetric flask and made up to 100 ml with distilled water mix well. Filter it, and then it was taken for analysis.

Qualitative Analysis

S.NO	Experiment	Observation	Inference
1.	Test For Calcium 2 ml of the above-prepared extract is taken in clean test tube. To this, add 2 ml of 4 % Ammonium Oxalate solution is added.	No white precipitate is formed	Absence of Calcium
2.	Test For Sulphate 2 ml of the extract is added to 5% BariumChloride solution.	A white precipitate is formed	Indicates the presence of Sulphate
3.	Test For Chloride The extract is treated with Silver nitrate solution	A white precipitate is formed	Indicates the presence of Chloride

4.	Test For Carbonate The substance is treated with concentrated HCL.	No brisk effervescence is formed	Absence of Carbonate.
5.	Test For Zinc The extract is added with weak Pottasium ferro cyanide solution.	No blue colour is formed	Absence of Zinc.
6.	Test For Iron Ferric: The extract is treated with Glacial acetic acid and Pottasium ferro cyanide.	No blue colour is formed	Absence of Ferric iron.
7.	Test For Iron Ferrous: The extract is treated with concentrated Nitric acid and Ammonium thio cyanate	Blood red colour is formed	Indicates trace amount of ferrous is present
8.	Test For Phosphate The extract is treated with Ammonium molybdate and concentrated Nitric acid	No yellow precipitate is formed	Absence of Phosphate
9.	Test For Albumin The extract is treated with Esbach's reagent.	No yellow precipitate is formed	Absence of Albumin
10.	Test for Tannic Acid The extract is treated with Ferric chloride.	No blue black precipitate is formed	Absence of Tannic acid

11.	Test For Unsaturation Potassium permanganate solution is added to the extract.	It does not get decolorized	Absence of unsaturated compound.
12.	Test For Reducing Sugar 5ml of Benedict's qualitative solution is taken in a test tube and allowed to boil for 2 mins and added 8-10 drops of the extract and again boil it for 2 ml	No Colour change is observed	Absence of Reducing sugar.
13.	Test For Amino Acid One or two drops of the extract is placed on a filter paper and dried it well after drying 1% Ninhydrin is sprayed over the same and dried it well.	No violet colour is formed	Absence of Amino Acid.

Inference

The given sample of Venkaram podi contains **Sulphate, Chloride** and **Ferrous iron.**

PHARMACOLOGICAL ANALYSIS

ANALGESIC EFFECT OF VENKARAM POWDER ON ALBINO RATS BY TAIL-FLICK METHOD

Aim

To study the Analgesic effect of Venkaram powder on Albino rats by Tail-flick method.

Preparation Of The Test Drug

100 mgm of Venkaram powder was dissolved in 10 ml of water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the test drug.

Instruction

Hot water bath maintained at $55^{\circ}\text{C} \pm 0.5^{\circ}\text{C}$ was used as the source of stimulus.

Procedure

Six healthy Albino rats weighing 100-120 gms of both sexes were selected. The tail of each rat was dipped in the bath and time taken for the rat to remove the tail from the water bath was noted. The rats that take more than 5 seconds to remove the tail are excluded from the experiment. Then the rats were divided in to 3 equal groups, each group having 2 rats.

The first group was given water 1 ml/100gm and kept as untreated control.

The second group was given the standard drug Paractemol 20 mg/100gm and kept as traded control.

The third group was given the test drug Sivakaranthai ilai chooranam 100mg/100mg. Half an hour, one hour and one and half an hour after drug administration the rats are again tested by dipping the tail in the hot water bath. The time taken for the rat to remove the tail was noted as done initially.

The results of control group, standard group and drug treated group were tabulated and compared.

Analgesic Effect Of Venkaram Powder

Drug	Dose/100 gm of body weight of the rat	Initial reading in seconds	After $\frac{1}{2}$ hr in seconds	After 1hr in seconds	After 1 1/2 hr in seconds	Mean difference
Water	1 ml	2 sec	2.5 sec	2.5 sec	2.5 sec	2.5 sec
Paracetamol	20 mg	2 sec	3 sec	4.8 sec	6 sec	6.7 sec
Venkaram	100 mg	2 sec	3 sec	4 sec	6 sec	6 sec

Inference

The test drug Venkaram powder has significant Analgesic action.

ANTI SPASMODIC EFFECT OF VENKARAM POWDER ON ISOLATED RABBIT ILEUM

Aim

To screen the effect of anti-spasmodic action of Venkaram powder.

Materials And Methods

Drug Preparation

100 mgm of Venkaram powder was dissolved in 10 ml of water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the test drug.

Method

Solution used

Acetylcholine bromide 10 mcg / ml

Tissue used: Rabbit intestine

Apparatus Required

Monodrum with a smoked cylinder

Students jar bath with accessories

Rabbit was killed by stunning, the abdomen was opened, and ileum was removed. The ileo-caecal junction was found. A small piece of ileal portion was cut, removed, and placed in dishes, containing warm aerated tyrode solution.

Procedure

Setting up the apparatus

The jar bath contains water, heated by the electric heating element

The temperature can be kept constant to the desired level (33°C in this case) by adjusting the heating element.

The inner bath is usually of 50 ml or 100 ml capacity when filled. This is connected to the nutrient solution by Syphon arrangement (Tyrode solution in this case)

A glass coil is interposed between the reservoir and the inner bath and as the fluid from the reservoir passes through the coil, it attains the temperature of the water surrounding the inner bath.

The flow of fluid into and out of the inner bath is regulated by two-way stopclock.

The glass tube in inner bath is connected by means of rubber tubing to an air pump. The stop clock on the rubber tubing is so adjusted to allow to slow, steady and a continuous supply of air (oxygen) to the tissue to be suspended in the inner bath. The air can be seen bubbling of the inner bath is filled with the nutrient fluid.

The Jar bath and the monodrum were brought (with the cylinder mounted on) closer. The distance between the two was adjusted that the writing point of the frontal lever (fixed on the jar bath) just touches the smoked cylinder and writes without friction.

Now the thread on a needle is passed through one end the loop of intestine provided, at the point of mesenteric attachment, and tied to the hook at the end of the glass tube in the inner bath (This can be removed from inside the bath and brought out side and then re-inserted with the tissue mounted on it).

However, the other ends of the loop a long piece of thread passed and tied. Then the tissue is pulled up and the other end of the thread is attached to the lever fitted with a frontal writing point.

The lever should be weighed with plasticine so that the muscle was kept stretched, to a moderate extent, but not so as to prevent it acquiring and maintaining some tone.

Effects Of Drug

Added 0.2 ml of the solution acetyl choline provided (10 mcg/ml). The effects of the drug on the tissue was recorded by running the drum at the slowest speed just before adding the drug.

The drum was allowed to run for a particular time (time allowed various with the tissue and the drug used). When the drum is stopped the nutrient fluid was drained out then refilled.

Recorded the contraction obtained for 30 seconds and then stopped the drum and changed the fluid. Repeated the addition of actylecholine until two consecutive contractions were identical when the same dose is used. Drugs were given to study the inhibitory effect of acetylcholine 10 mcg/ml induced contractions.

Inference

The drug Venkaram powder has anti-spasmodic action.

ANTI HISTAMINIC EFFECT OF VENKARAM POWDER ON ISOLATED GUINEA PIG ILEUM

Aim

To screen the effect of Venkaram powder on isolated Guinea pig ileum.

Materials And Methods

Drug Prepration

100 mgm of Venkaram powder was dissolved in 10 ml of water. Hot water was added for dissolving the test drug. This 1 ml contains 100 mg of the test drug.

Method

Solution used:

Histamine 1 ml contains 10 μ g.

Tissue used: Guinea pig ileum.

Apparatus Required

Monodrum with a smoked cylinder

Students jar bath with accessories

Guinea pig weighing about 400 gm was killed stunning with a sharp blow on the head. The abdomen was opened and the ileo-caecal junction was found.

A small piece of ileal portion was cut, removed, and placed in a dishes containing warm aerated tyrode solution.

Procedure

Setting up the apparatus.

The jar bath contained water, heated by the electric heating element. The temperature can be kept constant to the desired level (37° C in this case) by adjusting the heating element.

The inner bath was usually of 50 ml or 100 ml capacity when filled.

This was connected to the nutrient solution by syphon arrangement.

A glass coil was interposed between the reservoir and the inner bath and as the fluid from the reservoir passes through the coil. It attained the temperature of the water surrounding the inner bath.

The flow of fluid into and out of the inner bath was regulated by two-way stop clock. The glass tube in inner bath was connected by means of rubber tubing to an air pump; the stop clock on the rubber tubing was so adjusted to allow of a slow, steady and a continuous supply of air (oxygen) to the tissue to be suspended in the inner bath.

The air can be seen bubbling if the inner bath was filled with the nutrient fluid. The jar bath and the monodrum were brought (with the cylinder mounted on) closer.

The distance between the two, was adjusted, so that the writing point of the frontal lever (fixed on the jar bath) just touched the smoked cylinder and wrote without friction.

The thread on a needle was passed through one end the loop of intestine provided at the point of mesenteric attachment, and tied to the hook at the end of the glass tube in the inner bath (This can be removed from inside the bath and brought out side and then re-inserted with the tissue mounted on it). Through the other end of the loop, a long piece of thread passed and tied.

Then the tissue was pulled up and the other end of the thread was attached to the lever fitted with a frontal writing point.

The lever should be weighed with plasticine so that the muscle was kept stretched to a moderate extent, but not to prevent it acquiring and maintaining some tone.

Effects of Drugs

Added 0.2 ml of the solution histamine provided. The effect of the drug on the tissue was recorded by running the drum at the slowest speed just before adding the drug.

The drum was allowed to run for a particular time (time allowed varies with the tissue and the drug used). When the drum was stopped the nutrient fluid was drained out then refilled.

Recorded the contraction obtained for 30 seconds and then stopped the drum and changed the fluid.

Repeated the addition of histamine until two consecutive contractions are identical when the same dose was used.

Added 1 ml test drug and 0.2 ml histamine. The effect of the test drug on the tissue was recorded.

Recorded the contraction obtained for 30 seconds and then stopped the drum and changed the fluid. The test drug blocked the histamine action. Added 2 ml test drug and 0.2 ml histamine.

The effects of the drug on the tissue was recorded.

Recorded the contraction obtained for 30 seconds and then stopped the drum and changed the fluid.

The drug blocked the histamine action added 0.2 ml histamine. The effects of the drug on the tissue was recorded.

Added 0.2 ml antihistamine and .2 ml of histamine.

The effects of the drug on the tissue was recorded.

Tissue alive or not

Added 0.2 ml histamine.

The effects of the drug on the tissue was noted.

Inference

From this experiment it was noted that the drug Venkaram powder possesses anti histaminic action.

CLINICAL ASSESSMENT

In Siddha literatures, Makalir maruthuvam is a chapter well recognized. Soothagavali is one condition mentioned in this category which is increasing day by day, probably due to food and present lifestyle. In order to assess the efficacy of Venkaram powder for Soothagavali, it was tried clinically on 40 out patients in the out-patient ward of Post graduate department of Gunapadam, Govt.Siddha Medical College Hospital, Palayamkottai, according to the selection criteria.

All the cases were selected on the basis of the conditions listed in the conditions listed in the inclusion criteria below.

1. Severe, intermittent, spasmodic type of pain on the first day of the menstrual period
2. Radiating pain in lower abdomen, pelvis and the antero- medial aspect of thighs.
3. Pain persisting for not more than 12 hour.
4. Anorexia
5. Constipation
6. Nausea and vomiting.

Signs and symptoms were varied in severity from patient to patient. Probably the most severe forms are seen in patients between the ages to 19-

21 years and rarely over the age of 35. In some subjects it this condition is cured by marriage, pregnancy and childbirth.

Exclusion Criteria

- Trauma eg, Fracture of pelvis
- Fibrosis
- Sacro-iliac strain
- Disc prolapse
- Cervical obstruction eg. malignancy
- Secondary Neurological Dysmenorrhoea
- Pelvic inflammatory diseases
- Fibroids
- Adenomyosis
- Pelvic adhesions
- Parametritis
- Salpingo – oophoritis
- Retroversion of the uterus
- Malignancy in uterus
- Tuberculosis

Laboratory Investigations

Routine Blood picture studies Total White blood count, Erythrocyte sedimentation rate, Haemoglobin, Urea, Cholesterol, Urine sugar, albumin, deposits were done before and after treatment. Radiological investigation

Ultrasonogram -Abdomen & Pelvis was also done before and after treatment. The above investigations were done to exclude other pathological conditions, such as, Pelvic inflammatory diseases, polycystic ovary, and Fibromatous uterus.

Line Of Treatment

- Drug
- Nourishing diet
- Correction of constipation
- Physical exercise.

Drug

The drug Venkaram powder – 300 mgm was administered to patients thrice a day with Luke warm water after meals through entral route.

The drug was given for 48 days. Lower abdominal Pain, vomiting, nausea, Anorexia, Constipation subsided in the next menstrual cycle and were relieved. The signs & symptoms were observed up to a minimum of 2 menstrual cycles.

Diet Restriction And Medical Advice

The patients were advised to take easily digestible food such as rice and tender vegetables and highly nutritive food ie, Milk, ghee, meat soup, vegetable soup, black gram, gingelly oil and egg.

Advised to avoid hot and spicy foods.

Advised to take meals at regular intervals

Psychogenic Cause

The incidence of dysmenorrhoea is higher amongst affluent women. Pain is always exaggerated when over solicitous relative's exhibit undue concern for the same.

Avoid

On oral contraceptive pills. It may have aggravated pain.

Yoga Therapy

The following 3 asanas are advised to prevent soothagavali and vitalize internal organs (especially uterus and ovary)

1. Sarvaangaasana
2. Savasana
3. Padmasana

Pranayama Therapy

Patients are advised to follow **Pranayama therapy**. This pranayama corrects the whole system and normalizes the affected vayus.

Progress

Nature of pain on the first day of the next menstrual cycle was the important symptom in analyzing progress.

Observation

The result was observed based on the symptomatic relief obtained by the patients.

S. No	Response grade	No	Response	
			No.	%
1	Good	40	30	75%
2	Fair	40	6	15%
3	Poor	40	4	10%

In the clinical trial done for 40 patients, good results were obtained for 75% (30 cases), fair results for 15% (6 cases) and poor results for 10% (4 cases).

STATISTICAL ANALYSIS

Results And Discussions

Age of the Soothagavali study subjects are placed in the below table.

Table – 1 Age Wise Distribution Of The Study Subjects

Age	15- 19	20- 24	25- 29	30- 34	35- 39	Age		Population mean age of 95%
						Mean	S.D	
No.of patients	4	10	13	8	5	26.7	5.51	24.9 - 28.5 years

The mean age of the Soothagavali study subject is 26.7 ± 5.5 years.

The population of Soothagavali will have the mean age between 24.9 to 28.5 years of 95% confidence interval.

Variables Studied

The symptoms variables namely pain, Vomiting, Nausea, Constipation, and Anorexia were studied to investigate the effectiveness of the drug in controlling and management of Soothagavali.

Evaluation Of The Effectiveness Of The Drug.

To identify the effectiveness of the drug the above said variables were recorded before and after administration of the drug. The results of the variables are furnished in the below table.

Table – 2 Comparison Of Before And After Treatment Variable.

S. No.	Variable Signs	n	Before		After		Mean difference	‘t’	Significance
			Mean	S.D	Mean	S.D			
1	Pain	40	2.65	0.48	0.65	0.83	2.00	16.842	P< 0.000
2	Vomiting	40	1.250	0.49	0.475	1.62	0.775	3.633	P< 0.000
3	Nausea	40	1.275	0.452	0.250	0.44	1.25	12.220	P< 0.000
4	Constipation	40	1.000	0.000	0.625	0.490	0.375	4.837	P< 0.000
5	Anorexia	40	0.950	0.220	0.200	0.405	0.750	10.817	P< 0.000

The analysed above five variables have showed significant reduction from the before treatment to after treatment. The above reduction is attributed to the administration of the drug. All variables are reduced considerably and reduction is statistically highly significant. The drug effects the significant reduction.

Comparison Of The Variable Among The Women < 35 Years And > 35 Women.

There is evidence in the literature; the severity of variables is less in 35 years and above than the women in less than 35 years. To test the above hypothesis, the study subjects were divided into two groups.

The first group is 35 and above age consisting of 5 women and the second group less than 35 years. The above 2 groups were analysed by taking the before treatment 5 study variables such as pain, vomiting, nausea, constipation and anorexia. The results are furnished in the table below.

Table – 3 Comparison Of Above 35 And Below 35 Study Subjects According To Their Before Treatment Score.

S. No.	Variable Signs	n	35and above		Below 35		n	Difference of Mean	‘t’	Significance
			Mean	S.D	Mean	S.D				
1	Pain	5	2.40	0.55	2.69	0.47	35	-0.29	-1.246	P> 0.05
2	Vomiting	5	1.40	0.55	1.23	0.49	35	0.171	0.722	P> 0.05
3	Nausea	5	1.20	0.45	1.28	0.46	35	-0.086	-0.392	P> 0.05
4	Constipation	5	1.00	0.00	1.00	0.00	35	-	-	-
5	Anorexia	5	1.00	0.00	0.94	0.23	35	0.06	0.537	P> 0.05

From the above table the results are showing that Pain and Nausea are scored lesser value of 35 and above age women than the below 35 age women. The differences are not statistically significant ($P>0.05$). The other 3 variables are having higher value among the 35 and above than the below 35 years of women. These observed differences are also not statistically significant. By considering the above not significant results, the hypothesis that there is no significant difference of Soothagavali variables score between the two groups. May be accepted ($P>0.05$). Further investigation may be undertaken with equal numbers in both groups.

Response Of The Drug

The response of drug was graded good, fair and poor based on the observed symptoms.

S. No	Response grade	n	Response	
			No.	%
1	Good	40	30	75
2	Fair	40	6	15
3	Poor	40	4	10

After administration of the drug, the study subjects are observed good, fair and poor responses of percentages 75 %, 15% and 10 % respectively. The good response of the 75% is also supported the effectiveness of the test drug.

DISSCUSSION

The drug Venkaram powder was taken for dissertation work to establish its efficacy in the disease “Soothagavali” as per Siddha literatures. The drug was prepared and dispensed to out patients at a dose of 300 mgm thrice a day with Luke warm water after meals. The drug is subjected to bio-chemical and pharmacological analysis.

To have an introductory knowledge about Venkaram, its full description, geological aspect, chemical aspect, and physical characters were reviewed.

In review of Gunapadam aspect synonyms, organoleptic characters, therapeutic actions exhibit the Venkaram and various medicinal uses were mentioned.

The bio chemical analysis of Venkaram was done in the Department of Bio-chemistry, Government Siddha Medical College, Palayamkottai. The result reveals that the test drug contains ferrous iron, Sulphate and Chloride.

The Pharmacological analysis of Venkaram was done in the Department of Pharmacology, Government Siddha Medical College, Palayamkottai. The result revealed that the drug had significant analgesic and anti- spasmodic action. From this it can be arrived that the drug is a right choice for Soothagavali patients were subsided in the clinical study. This drug also possesses significant anti - histaminic activity.

For the clinical trial, 40 patients were selected. For all of them routine blood and urine examination were done before and after treatment. In addition, USG Abdomen & Pelvis was done. The patients were given medical advice regarding diet and they were advised to do pranayamam and yoga on all days except on during menstruation.

They were advised to take plenty of water to relieve constipation. The body heat is increased before as well as at the time of menstruation because of increased BMR.

The improvement was proved by alleviation of symptoms before and after treatment.

The Bio statistical analysis reveals 75 % cases showed good response, 15 % cases showed fair response, and remaining 10% cases showed no response.

During the clinical trial, the patients had no adverse effect.

Thus, Venkaram powder is an effective and safe drug for Soothagavali.

SUMMARY

The drug Venkaram powder was chosen for this dissertation work to study its analgesic, anti-spasmodic effect on “Soothagavali”. The dose of the Venkaram powder is 300 mgm with Luke warm water thrice a day after meals.

Brief descriptions about Chemical aspect as well as Gunapadam aspect of Venkaram were discussed.

The Bio-chemical analysis of the drug reveals that the drug contains Sulphate, Chloride and ferrous iron .

The Pharmacological analysis revealed that the drug possesses significant analgesic, anti-spasmodic, and antihistaminic actions.

Clinical studies indicated that 75 % patients had good response to the drug. The Anti-spasmodic, Analgesic effect and its role in management of Soothagavali are established in this study.

The bio statistical analysis revealed that 75 % patients had symptomatic relief. It also supports the effectiveness of the test drug.

No adverse reactions were observed during the course of the treatment.

CONCLUSION

It is concluded that the drug Venkaram powder has significant analgesic and anti-spasmodic effects in the cases of Soothagavali. This study ascertains the activity of this drug as described in Siddha literatures.

BIBLIOGRAPHY

1. அரங்கராசன். ச. P.I.M. (பதிப்பாசிரியர்) (1991) அகத்தியர் அட்டவணை வாகடம். முதற்பதிப்பு. சரசுவதி மகால் நூலகம், தஞ்சாவூர்.
2. அகஸ்திய மகாமுனிவர் (திருவாய் மலர்ந்தருளியது). (1992). “குருநாடி சாஸ்திரம்-235”. டி.இரத்தினநாயகர் அண்ட் சன்ஸ் (பதிப்பித்தோர்) கொண்டித்தோப்பு, சென்னை
3. துரைராசன், கோ. (1986). “நோயில்லா நெறி” மறுபதிப்பு, பக்கங்கள்: 1-328. இந்திய மருத்துவக் கல்லூரி, சென்னை.
4. கண்ணுச்சாமிப்பிள்ளை. சி. (வைத்திய வித்வன் மணி) (1991). “கண்ணுச்சாமியம் என்னும் வைத்திய சேகரம்”- பத்தாம் பதிப்பு, ந.இரத்தின நாயகர் அண்ட் சன்ஸ், கொண்டித் தோப்பு, சென்னை.
5. கண்ணுச்சாமிப்பிள்ளை. சி. (வைத்திய வித்வன் மணி) (1993), “சிகிச்சாரத்நதீபம் இரண்டாம் பாகமாகிய வைத்திய சிந்தாமணி:” -எட்டாம் பதிப்பு, பி. இரத்தினநாயகர் அண்ட் சன்ஸ், கொண்டித்தோப்பு, சென்னை.
6. கண்ணுச்சாமிப்பிள்ளை. சி. (வைத்திய வித்வன் மணி) (1998). “ சித்த வைத்திய பதார்த்த குண விளக்கம்”. B.இரத்தின நாயகர் அண்ட் சன்ஸ் கொண்டித்தோப்பு, சென்னை.

7. குப்புசாமி முதலியார்.க.நா. (1987), “சித்த மருத்துவம்”- இரண்டாம் பதிப்பு. பக்கங்கள்: 1-672. தமிழ்நாடு சித்த மருத்துவ வாரிய வெளியீடு, தமிழ்நாடு அரசு, சென்னை.
8. மாதவன், வே.இரா.(பதிப்பாசிரியர்) (1994). அகத்தியர் வைத்திய காவியம் 1500. தமிழ்ப் பல்கலைக்கழக வெளியீடு, தமிழ்ப் பல்கலைக் கழகம், தஞ்சாவூர்.
9. Samy. C. P. (1973) “அகத்தியர் குணவாகடம்”. pp: 52 – 55. பதிப்புரிமை – மலையப்பசாமி வைத்தியசாலை, பழனி
10. முருகேச முதலியார். க.ச. (வைத்திய இரத்தினம்) (1988).“குணபாடம் (மூலிகை வகுப்பு) பொருட்பண்பு நூல் (பயிர் வகுப்பு), Materia Medica (Vegetable Section) முதற்பாகம்-நான்காம் பதிப்பு-தமிழ்நாடு சித்த மருத்துவ வாரியம், சென்னை.
11. பொன்னைய பிள்ளை. ஏழாலை. ஐ. (மூல நூல் ஆசிரியர்) (1999) பரராசசேகரம் - கர்ப்பரோக நிதானம்) பதிப்பாளர்: கே.வி. துரை ராஜா, இலங்கை சித்தா - ஆயர் வேதிக் மருத்துவக் கல்லூரி, ஜாப்னா, ஸ்ரீலங்கா.
12. இராமச்சந்திரன், எஸ்.பி. (பதிப்பாசிரியர்) (2000). ”உயிர்காக்கும் சித்த மருத்துவம்”. முதல் பதிப்பு, தாமரை நூலகம், வடபழனி, சென்னை.
13. சண்முகவேலு, ம. (1987). ”சித்த மருத்துவ நோய் நாடல் நோய் முதனாடல் திரட்டு”. - முதல் பாகம், பக்கங்கள்: 1-343. தமிழ்நாடு சித்த மருத்துவ வாரிய வெளியீடு, தமிழ்நாடு அரசு, சென்னை.

14. சண்முகவேலு, ம. (1988). “சித்த மருத்துவ நோய் நாடல் நோய் முதனாடல் திரட்டு”. - இரண்டாம் பாகம், மறுபதிப்பு, பக்கங்கள்: 1-644. தமிழ்நாடு சித்த மருத்துவ வாரிய வெளியீடு, தமிழ்நாடு அரசு, சென்னை.
15. சுப்பிரமணியபண்டிதர். “ஜீவரக்ஷாமிர்தம்”. pp:109,115. Bhaskara and sons, Madras.
16. உத்தமராயன், க.சு. (1953). “சித்த மருத்துவாங்கச் சுருக்கம்” இரண்டாம்பதிப்பு, பக்கங்கள்: 1-538. தமிழ்நாடு அரசு எழுதுபொருள் அச்சுத்துறை இயக்குநர், தமிழ்நாடு அரசு, சென்னை.
17. வெங்கட்ராஜன். S. (பதிப்பாசிரியர்) (2006) அகத்தியர் இரண்டாயிரம் (பாகம் I & பாகம் II) ஆறாம் பதிப்பு. முன்னாள் ஆயுர்வேத பண்டிதர், தஞ்சாவூர் மகாராஜா சரபோஜியின் சரசுவதி மகால் நூலகம், தஞ்சாவூர்.
18. உத்தமராயன், க.சு. (1978). ”தோற்றக் கிரம ஆராய்ச்சியும் சித்த மருத்துவ வரலாறும்”. பக்கங்கள் 1-344. தமிழ்நாடு அரசு எழுதுபொருள் அச்சுத்துறை இயக்குநர், தமிழ்நாடு அரசு, சென்னை.
19. யூகிமாமுனிவர் (அருளியவர்). “யூகி வைத்திய சிந்தாமணி”. (1998). முதற்பதிப்பு - இந்திய மருத்துவம் - ஓமியோபதித்துறை, சென்னை.
20. ”பதார்த்த குண சிந்தாமணி”. pp: 64, 52. தாமரை நூலகம், வடபழனி, சென்னை.
21. தேரையர் குணவாகடம், முதல் பதிப்பு, 2006, தஞ்சாவூர்

22. தேரையர் வைத்தியம்-1000, இரண்டாம் பதிப்பு, 1999, சென்னை
23. சூலை, மூல, குஷ்ட, பித்த ரோக முறைகள், இரண்டாம் பதிப்பு, 1992, தஞ்சாவூர்
24. போகர் 7000, ஏழாம் காண்டம், இரண்டாம் பதிப்பு, 1995, சென்னை
25. பிரம்மமுனி வைத்திய சூத்திரம் 390, முதல் பாகம், 1991, தஞ்சாவூர்
26. வைத்தியசாரசங்கீரகம், கந்தசாமி முதலியார், சென்னை
27. கைகண்ட அனுபோக வைத்திய பெருங்குறள், சென்னை
28. அனுபவ வைத்திய தேவ ரகசியம், ஜெ.சீதாராம் பிரசாத், 1991, சென்னை
29. தேரையர் வாகடம், டாக்டர் ர. தியாகராஜன், பழனி
30. சரபேந்திரர் வைத்திய ரத்நாவளி, ராஜா சரபோஜி, இரண்டாம் பதிப்பு 1965, தஞ்சாவூர்
31. மகளிர் மருத்துவம் தமிழ்நாடு அரசு எழுதுபொருள் அச்சுத்துறை இயக்குநர், தமிழ்நாடு அரசு, சென்னை
32. சூல்மருத்துவம் P.M. வேணுகோபால் தமிழ்நாடு அரசு எழுதுபொருள் அச்சுத்துறை இயக்குநர், தமிழ்நாடு அரசு, சென்னை
33. அகத்தியர் குணவாகடம் - தாமரை நூலகம், வடபழனி, சென்னை.
34. Sambasivam Pillai, T.V.(1977); “ Tamil - English Dictionary of Medicine, Chemistry, Botany and Allied Sciences (Based on Indian Medical Science)” - Vol - II & IV; ILWA Press, Coimbatore.

35. Sambasivam Pillai, T.V.(1993); “Introduction to Siddha Medicine”. - II Edn., pp: 1-54; Published by Directorate of Indian Medicine and Homeopathy, Madras.
36. Sampath, C.K. (1983); “Evolution and Development of Siddha Medicine”; In:” Heritage of the Tamils - Siddha Medicine”; I Edn. pp:1-28; Publisher: International Institute of Tamil Studies, Madras.
37. Kandaswamy Pillai (1979), “History of Siddha Medicine” - I Edn.Published by The Government of Tamil Nadu , Madras.
38. Chopra, R.N., Nayar, S.L., Chopra, I.C. (1956); “Glossary of Indian Medicinal Plants”; Council of Scientific & Industrial Research, New Delhi.
39. Nadkarni, K.M. (1993); “ Indian Materia Medica.”. Vol.I; Revised and reprinted by Nadkarni, A.K. (1993); Popular Prakashan Private Ltd., Bombay.
40. யுகிமுனிவர் (ஆக்கியவர்). “Yugi Munivar Vaithiya Chinthamani Perunool 800.” (1976); Arulmigu Palani Dhandayuthapani Swamy Thirukoil, Siddha Books Publication Committee, Madras.
41. Satoskar, R. S; Bhandarkar. S.D.and Ainapure. S.S. (1995). “Pharmacology and pharmacotherapeutics” – Popular Prakashan Private Ltd., Bombay. pp: 521 – 526

42. Ambasta, S.P. (Ed) (1988 a); “The Wealth of India, A Dictionary of Indian Raw Materials and Industrial Products.”; pp:33-34; Publications & Information Directorate, CSIR, New Delhi.
43. Ambasta, S.P. (Ed) (1988 b); “The wealth of India - Raw Materials”, Vol.II, pp: 52-55, Publications and Information Directorate, CSIR, New Delhi; Reprinted by Mudran Enterprises, Naraina, New Delhi.
44. Agathiyar 2000 by Dr. Arangarajan Published by Saraswathi Mahal, Tanjore.
45. Agathiyar Munivar pancha kaaviya Nigandu by S.P. Ramachandran, Published by Thamarai Noolagam, Chennai.
46. Anupoga vaidhya Deva Ragasiyam by Dr. K.Radhakrishnan LIM by S.P. Ramachandran, Published by Thamarai Noolagam, Chennai.
47. Anupoga vaidhya Navaneatham part I & II and part 8 by Hakkim P,M. Abdullah Sahib Published by Palani Thandayathupani Swami Thirukkoil Kuzhu.
48. Bhogar kaarasaara Thurai by S.P. Ramachandran by S.P. Ramachandran, Published by Thamarai Noolagam, Chennai.
49. Bhogar Nigandu 1700.by S.P. Ramachandran, Published by Thamarai Noolagam, Chennai.
50. Davidson’s Principles and Practice of Medicine, 20th edition edited by Christopher R.W. Edwards, Ian.A. Boucher, Christopher Haslett, Edwin Chilvers.

51. Flora of peresidency of Madras by Vol.1. by J.S. Gamble.
52. Glossary of Indian Medicine plants by R.N. Chopra, S.I. Nayar and I.C. Chopra Published by CSIR New Delhi.
53. Gynecology – Ten Teachers edited by T.L.T. Lewis and G.V.P. chamberlain
54. Orthopaedics and Traumatology – M. Natarajan Mayil V. Natarajan (8th Edition).
55. Test book of Gynae cology - Shaw
56. Indian Medicinal plants by K.K.Kirtikar and Basu Published by Lalit Mohan Basu, Allahabad.
57. Yoganarasimhan, S.N. and Chelladurai, V. (2000); “Medicinal Plants of India – Vol. 2 – Tamil Nadu”.
58. Maruthuva Perakarathi
59. Maruthuva Thavra Iyal by S. Somasundaram M.SC., MPhil
60. Noi Kaluku Siddha parikaram by Dr. M. Shanmugavelu HPIM.Published by Siddha maruthuva variyam.Government of Tamilnadu
61. Obsteterics and Gynaecology, edited by S.S. Ratnam, K.Bhaskar Rao, S. Arul Kumaran,
62. Agathiyar Pancha kaviya Nigandu - by S.P. Ramachandran, Published by Thamarai Noolagam, Chennai.

63. Padartha Guna Chintamani by S.P. Ramachandran, Published by Thamarai Noolagam, Chennai.
64. Padartha Guna Vilakkam I&III by C. Kannusamy Pillai, Published by Thirumagal Atchagam.
65. Padartha Guna Manchari
66. Pharmacological investigation of certain medicine plants and compound formulations used in Ayurvedha and Siddha
67. Sarabendrar sikitchai Muraikal, Published by Saraswathi Mahal, Tanjore
68. Sarbendrar Vaidhya Rathnavali Published by Saraswathi Mahal, Tanjore.
69. Siddha Vaidhya Thirattu by Dr. C.N. Kuppusamy Muthaliar and Dr. K.S. Uthamarayan.
70. Sikitcha Rathna Deepam by C. Kannusamy Pillai. Published by B.Rathna Nayanar & sons, Chennai
71. Oxford Textbook of Medicine, Volume 3, D.J. Weatheall, Oxford University Press, 1996
72. Textbook of Inorganic Chemistry
73. Fundamentals of Biochemistry for Medical Students, Ambika Shunmugam, 19th edition, 1995, Chennai
74. Websites Visited.
- a. [www. Holistic online.com](http://www.Holistic online.com)
 - b. www. Mindat.org
 - c. www. Wickpedia.org

1. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Student		
Name:Bhuvana		Age /Sex:19/F	Religion :Hindu	Dietary Habit : Mixed diet	O.P. No: 18402	From : 12.3.08	To:29.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 3 years								
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC-9,200 cell/ cumm P-72% L-24% E-4% ESR ½ hour-8mm 1 hour-12mm Hb%-78% Sugar (PP) -110mgs% Urea-28 mgs% Cholesterol-128 mgs%	USG – ABDOMEN & PELVIS Normal study	TC-9,100 cell/cumm P -72% L -26% E -2% ESR ½ hour -8 mm 1 hour -12mm Hb%-80% Sugar (PP)-110 mgs % Urea-26mgs% Cholesterol-123 mgs%	USG – ABDOMEN & PELVIS Normal study		
			Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD			
			Response Good		Response Good			

2. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife		
Name: Kalpana		Age /Sex:28/F	Religion : Christian	Dietary Habit : Mixed diet	O.P.No:18405	From :12.3.08	To: 29.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 10 years								
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC-9,800 cell/ cumm P- 65% L-31% E-4% ESR	USG – ABDOMEN & PELVIS	TC-9,900 cell/cumm P -60% L -38% E -2% ESR	USG – ABDOMEN & PELVIS	Normal study	
			½ hour-12mm 1 hour-25 mm Hb%-71% Sugar (F) - 86mgs% Urea-23 mgs% Cholesterol-152 mgs%					
						Urine : Albumin -Nil Sugar - Nil Deposit - NAD		
							Response Good	

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms

3. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife		
Name: Santhi		Age /Sex: 32/F	Religion : Hindu	Dietary Habit : Mixed diet	O.P. No: 18403	From : 12.3.08	To:29.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since Menarche								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 31/5 days-Menstrual cycle			Before Treatment	After Treatment	Investigation			
					Before Treatment		After Treatment	
					Blood	Radiological Findings	Blood	Radiological Findings
					TC-9,200 cell/ cumm P-54% L-44% E-2% ESR ½ hour-9mm 1 hour-12mm Hb%-88% Sugar (PP)-93 mgs% Urea-34 mgs% Cholesterol-153 mgs%	USG – ABDOMEN & PELVIS Normal study	TC -9400 cell/cumm P -59% L -40% E -1% ESR ½ hour -5 mm 1 hour -11 mm Hb%-89% Sugar (PP) -90 mgs % Urea-29mgs% Cholesterol -156 mgs%	USG – ABDOMEN & PELVIS Normal study
						Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Response Fair

4. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Clerk		
Name: Pirathiba		Age /Sex:27/F	Religion : Hindu	Dietary Habit: Mixed diet	O.P. No:18406	From :12.3.08	To: 29.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since Menarche								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
	++	-	TC-9,500 cell/ cumm P-58% L-40% E-2% ESR ½ hour-7mm 1 hour-11 mm Hb%-71 % Sugar (PP)-130 mgs% Urea-25 mgs% Cholesterol-170 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9700 cell/cumm P - 60% L - 38% E - 2% ESR ½ hour - 6mm 1 hour - 8mm Hb% - 73 % Sugar (PP) -145 mgs% Urea - 26 mgs% Cholesterol - 165 mgs%	USG – ABDOMEN & PELVIS Normal study		
				Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD		
						Response Good		

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

5. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: House wife	
Name: Suganthi	Age /Sex:28/F	Religion : Hindu	Dietary Habit : Mixed diet	O.P. No: 18536	From : 13.3.08	To: 30.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 8 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 29/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
			TC-9,000 cell/ cumm P-72% L-22% E-6% ESR ½ hour-3mm 1 hour-8mm Hb%-75% Sugar (F) -100 mgs% Urea-20 mgs% Cholesterol-194 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 10,200 cell/cumm P - 74% L - 24% E - 2% ESR ½ hour - 3mm 1 hour - 7 mm Hb% - 80% Sugar (F) - 100 mgs % Urea - 20 mgs% Cholesterol - 194 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
						Response Good	

6. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation : House wife	
Name: Malathy	Age /Sex:23/F	Religion : Hindu	Dietary Habit : Mixed diet	O.P. No:18522	From :13.3.08	To : 30.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 6 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
			TC-9,500 cell/ cumm P-60% L-36% E-4% ESR ½ hour-9mm 1 hour-11 mm Hb%-78 % Sugar (PP)- 104 mgs% Urea-21 mgs% Cholesterol-159 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9800 cell/cumm P - 62% L - 34% E - 3% ESR ½ hour - 5 mm 1 hour - 8mm Hb%- 78% Sugar (PP) - 100 mgs% Urea - 19 mgs% Cholesterol -154 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
						Response Good	

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms

7. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife		
Name: Fathima		Age /Sex:25/F	Religion : Muslim	Dietary Habit: Non. Vegetarian	O.P. No: 18684	From :13.3.08	To: 30.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain ,Constipation, vomiting since 7 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
	Blood	Radiological Findings		Blood	Radiological Findings			
	TC-9600 cell/ cumm P-65% L-30% E-5% ESR ½ hour-6mm 1 hour-11mm Hb%-68% Sugar (R)-120 mgs% Urea-20 mgs% Cholesterol-132 mgs%	USG – ABDOMEN & PELVIS Normal study		TC- 9800cell/cumm P - 67 % L - 30% E - 3% ESR ½ hour -5 mm 1 hour - 8 mm Hb: %-70% Sugar :(R)-125 mgs % Urea-18 mgs% Cholesterol- 134 mgs%	USG – ABDOMEN & PELVIS Normal study			
	Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD					
	Response Fair							

8. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis Soothagavali		Occupation: House wife		
Name: Jayin anbu		Age /Sex: 30/F	Religion : Christian	Dietary Habit : Mixed diet	O.P. No: 18690	From : 13.3.08	To : 30.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain ,Constipation, vomiting since 10 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings		Blood	Radiological Findings	
			TC-9400 cell/ cumm	USG – ABDOMEN & PELVIS Normal study		TC-9,600 cell/cumm	USG – ABDOMEN & PELVIS Normal study	
			P-56%					
			L-40%					
			E-4%					
			ESR					
			½ hour-5 mm	Urine : Albumin -Nil Sugar - Nil Deposit - NAD		½ hour -4 mm	Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
			1 hour - 10 mm					
		Hb%-75 %						
		Sugar(PP)-109 mgs%						
		Urea-17 mgs%						
		Cholesterol –165mgs%			Cholesterol -- 162			

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

9. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis:Soothagavali		Occupation: Student		
Name: Meena		Age /Sex: 21	Religion: Hindu	Dietary Habit : Mixed diet	O.P. No: 18692	From: 13.3.08	To: 30.4.08	No of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 3 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings		Blood	Radiological Findings	
	++	+	TC-8800 cell/ cumm	USG – ABDOMEN & PELVIS Normal study		TC-8,900cell/cumm	USG – ABDOMEN & PELVIS Normal study	
	+	-	P-54%			P-58%		
	+	+	L-40%			L-40%		
	+	+	E-6%			E-2%		
+	+	ESR	Urine : Albumin -Nil Sugar - Nil Deposit - NAD		ESR	Urine : Albumin -Nil Sugar - Nil Deposit - NAD		
		½ hour-10mm			½ hour-5 mm			
		1 hour-15mm			1 hour-7 mm			
		Hb%-75%			Hb%-77%			
		Sugar (F)-86 mgs%			Sugar (F) - 96 mgs %			
		Urea-16 mgs%			Urea-18mgs%			
		Cholesterol-163 mgs%			Cholesterol-165 mgs%			

10. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Teacher		
Name: Gomathi		Age /Sex: 28/F	Religion : Hindu	Dietary Habit : Mixed Diet	O. P. No: 18780	From : 13.3.08	To: 30.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 8 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
	+++	-	TC-9200 cell/ cumm P-65% L-24% E-4% ESR ½ hour-12mm 1 hour-20 mm Hb%-78% Sugar (PP)-70 mgs% Urea-19 mgs% Cholesterol – 134mgs%	USG – ABDOMEN & PELVIS	TC-9300 cell/cumm P-65% L -20% E -2% ESR ½ hour -6 mm 1 hour -8 mm Hb%-79%	USG – ABDOMEN & PELVIS		
	+	-					Normal study	Normal study
	+	-		Urine : Albumin -Nil Sugar - Nil Deposit – 1-2,Ebithelial cells seen	Sugar (PP)-72 mgs% Urea- 21mgs% Cholesterol – 136mgs%	Urine : Albumin -Nil Sugar - Nil Deposit - NAD		
	+	-					Response Good	

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

11. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Student		
Name: Velmayil		Age /Sex: 23/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 18879	From :14.3.08	To: 1.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain ,Constipation, vomiting since 5 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 29/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC-9,700 cell/ cumm	USG – ABDOMEN & PELVIS Normal study	TC- 9,800 cell/cumm	USG – ABDOMEN & PELVIS Normal study		
			P-65%		P -62%			
			L-30%		L -36%			
E-5%	E -2%							
ESR	ESR							
½ hour-8mm	Urine : Albumin -Nil Sugar - Nil Deposit :NAD	½ hour -6 mm	Urine : Albumin -Nil Sugar - Nil Deposit - NAD					
1 hour-10mm		1 hour -9 mm						
Hb%-75%		Hb%-76%						
Sugar (R)-83mgs%		Sugar (R)-90 mgs %						
Urea-16 mgs%	Urea-18mgs%							
Cholesterol—170 mgs%	Cholesterol—175 mgs %							

12. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Student		
Name: Chitra		Age /Sex: :18/F	Religion: Hindu	Dietary Habit : Mixed Diet	O. P. No: 18907	From :14.03.08	To: 1.5.08	No. of days treated: 48
Complaints and Duration : Pain and stiffness in the right knee joint since 1 year								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC-9,000 cell/ cumm P-50% L-46% E-4% ESR ½ hour-9mm 1 hour-12 mm Hb%-71% Sugar (F)-106 mgs% Urea-25 mgs% Cholesterol-160 mgs%	USG – ABDOMEN & PELVIS Normal study	TC-9100 cell/cumm P-52% L -46% E -2% ESR ½ hour -6 mm 1 hour -9 mm Hb%-72% Sugar (F)-108mgs% Urea-24 mgs% Cholesterol-162 mgs%	USG – ABDOMEN & PELVIS Normal study		
			Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD	Response Good		

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

13. Drug : Venkaram powder - 1 mgm thrice with Luke warm water			Diagnosis: Soothagavali		Occupation: House wife		
Name: Latha	Age /Sex: 32/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P .No: 19009	From : 14.3.08	To : 1.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 10 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 31/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
			TC-9,400 cell/ cumm P-56% L-40% E-4% ESR ½ hour-8mm 1 hour-11mm Hb%-78% Sugar (PP)-89mgs% Urea-30 mgs% Cholesterol-156mgs%	USG – ABDOMEN & PELVIS Normal study	TC- 9,600 cell/cumm P - 64% L - 34% E - 2% ESR ½ hour - 6 mm 1 hour - 9 mm Hb%- 80% Sugar (PP) - 102 mgs % Urea -28mgs% Cholesterol - 150 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
Response							Good

14. Drug : Venkaram powder - 1 mgm thrice with Luke warm water			Diagnosis: Soothagavali		Occupation: House wife		
Name: Jagulin jeeva	Age /Sex: 30/F	Religion : Christian	Dietary Habit : Mixed Diet	O. P. No: 19011	From : 14.3.08	To: 1.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 10 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
			TC-9,600 cell/ cumm P-64% L-34% E-2% ESR ½ hour-8mm 1 hour-15 mm Hb%-71% Sugar (F)-104 mgs% Urea-19 mgs% Cholesterol-179 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,800 cell/cumm P - 66% L - 32% E - 2% ESR ½ hour - 5 mm 1 hour - 9 mm Hb% - 72% Sugar (F) - 110mgs% Urea - 18mgs% Cholesterol: - 180 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
Response							Good

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms

15. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Office assistance	
Name: Vativu	Age /Sex:25/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19015	From : 14.3.08	To : 1.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 5 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++	+	TC-9,600 cell/ cumm	USG – ABDOMEN & PELVIS Normal study	TC - 9,800 cell/cumm	USG – ABDOMEN & PELVIS Normal study	
	+	-	P-60%		P - 58%		
	+	-	L-28%	Urine : Albumin -Nil Sugar - Nil Deposit - NAD	L - 26%	Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
	+	-	E-6%		E - 4%		
	++	-	ESR		ESR		
			½ hour-10mm		½ hour - 5 mm		
			1 hour-20mm		1 hour - 10 mm	Response Good	
			Hb%-70%		Hb% - 72%		
			Sugar (F)-83mgs%		Sugar (F) - 90 mgs %		
			Urea-25mgs%		Urea - 24mgs%		
			Cholesterol-159mgs%		Cholesterol - 160 mgs%		

16. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Teacher	
Name: Petchiyammal	Age /Sex: 25/F	Religion: Hindu	Dietary Habit :Mixed Diet	O. P. No:19018	From : 14.3.08	To : 1.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 4 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 27/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++	-	TC-9600 cell/ cumm	USG – ABDOMEN & PELVIS Normal study	TC - 9800 cell/cumm	USG – ABDOMEN & PELVIS Normal study	
	+	-	P-64%		P - 66%		
	+	-	L-34%	Urine : Albumin -Nil Sugar - Nil Deposit - NAD	L - 32%	Urine : Albumin -Nil Sugar - Nil Deposit - NAD	
	+	-	E-2%		E - 2%		
	+	-	ESR		ESR		
			½ hour-8mm		½ hour - 5 mm	Response Good	
			1 hour-10 mm		1 hour - 8 mm		
			Hb%-68%		Hb% - 70%		
			Sugar (R)-95 mgs%		Sugar (PP) - 105 mgs%		
			Urea-23 mgs%		Urea - 22 mgs%		
			Cholesterol-150 mgs%		Cholesterol - 146 mgs%		

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

17. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife		
Name: Senpagavalli		Age /Sex: 25/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P.No:19021	From : 14.3.08	To:1.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 5 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 31/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings		Blood	Radiological Findings	
			TC-9100 cell/ cumm	USG – ABDOMEN & PELVIS Normal study	TC - 8200 cell/cumm	USG – ABDOMEN & PELVIS Normal study		
			P-62%		P - 64%			
			L-34%		L - 34%			
E-4%	E - 2%							
ESR	ESR							
½ hour-6mm	½ hour - 5 mm							
1 hour-10mm	1 hour -9 mm							
Hb%-72%	Hb%- 74%							
Sugar (F)-107mgs%	Sugar (F)-110 mgs %							
Urea-29 mgs%	Urea -26mgs%							
Cholesterol—1 58 mgs%	Cholesterol:156mgs%							
			Urine : Albumin -Nil Sugar - Nil Deposit - NAD		Urine : Albumin -Nil Sugar - Nil Deposit - NAD			
						Response Good		

18. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Student		
Name: Vaigundam		Age /Sex: 25/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19163	From : 15.3.08	To: 2.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 5 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC-8100 cell/ cumm	USG – ABDOMEN & PELVIS	TC - 8400 cell/cumm	USG – ABDOMEN & PELVIS		
			P-62%					
			L-26%					
			E-28%					
E-4%	Normal study	E - 2%						
ESR		ESR						
½ hour-13mm		½ hour - 8 mm						
1 hour-14 mm	Urine : Albumin -Nil Sugar - Nil Deposit - NAD	1 hour - 10 mm						
Hb%-74%		Hb% - 75 %						
Sugar (R)-96 mgs%		Sugar (R) - 104mgs%						
Urea- 26mgs%		Urea - 24 mgs%						
Cholesterol - - 175 mgs%	Cholesterol - 178 mgs%							
			Response Good					

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms

19. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Student		
Name: : Petchiyammal		Age /Sex: 22/F	Religion : Hindu	Dietary Habit : Veg	O.P No: 19160	From : 15.3.08	To: 2.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 4 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC - 8000 cell/ cumm P - 62% L - 36% E - 2% ESR ½ hour - 4mm 1 hour - 8mm Hb% - 66% Sugar (R) - 86mgs% Urea - 30 mgs% Cholesterol -72 mgs%	USG – ABDOMEN & PELVIS Normal study	TC- 8200 cell/cumm P - 64% L - 34 E - 2% ESR ½ hour - 2 mm 1 hour - 6 mm Hb% - 68% Sugar (PP) - 110 mgs % Urea - 28mgs% Cholesterol – 174 mgs%	USG – ABDOMEN & PELVIS		
						Normal study		
						Urine : Albumin - Nil Sugar - Nil Deposit - NAD		
Response Good								

20. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis		Soothagavali		Occupation: Student	
Name: Sulocchana		Age /Sex : 23/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19156	From : 15.3.08	To : 2.5.08	No. of days treated: 48	
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 4 years									
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation						
			Before Treatment			After Treatment			
			Blood	Radiological Findings	Blood	Radiological Findings			
			TC -9200 cell/ cumm P – 62% L – 34% E – 4% ESR ½ hour - 8mm 1 hour - 12mm Hb% - 76% Sugar (F) - 128 mgs% Urea - 20 mgs% Cholesterol - 180 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9400 cell/cumm P - 56% L - 40% E - 4% ESR ½ hour - 6 mm 1 hour - 7 mm Hb% - 78% Sugar (F) - 128mgs% Urea - 17 mgs% Cholesterol – 175 mgs%	USG – ABDOMEN & PELVIS Normal study			
							Urine : Albumin- Nil Sugar- Nil Deposit - NAD		
								Response Good	

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

21. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife	
Name: Subbammal	Age /Sex: 29/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19281	From : 16.3.08	To : 3.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 9 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 31/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++ + + ++ ++	+ - - + +	TC - 9000 cell/ cumm P - 64% L - 30% E - 6% ESR ½ hour - 13mm 1 hour - 16mm Hb% - 70% Sugar (R) - 135mgs% Urea - 26 mgs% Cholesterol - 185mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9100 cell/cumm P - 66% L - 32% E - 2% ESR ½ hour - 6 mm 1 hour - 12mm Hb% - 71 % Sugar (PP) - 140 mgs % Urea - 24mgs% Cholesterol - 180mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
						Response	Fair

22. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Clerk	
Name: Raniyammal	Age /Sex:32/F	Religion : Muslim	Dietary Habit : Mixed Diet	O.P. No: 19280	From : 16.3.08	To : 3..5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 6 months							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++ + + +++ ++	+ - - - +	TC – 9,200 cell/ cumm P - 66% L - 32% E - 2% ESR ½ hour - 10mm 1 hour - 20 mm Hb% - 75% Sugar (R) - 79 mgs% Urea - 23 mgs% Cholesterol - 156 mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,400 cell/cumm P - 63% L - 30% E - 2% ESR ½ hour - 8 mm 1 hour - 12 mm Hb% - 78 % Sugar (PP) - 90mgs% Urea - 20 mgs% Cholesterol - 158mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
						Response :	Good

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

23. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife	
Name: Muthulashmi	Age /Sex:36/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19279	From : 16.3.08	To : 2.5.08	No .of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 10 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++ ++ + ++ ++ +	+ - - + - +	TC – 9,500 cell/ cumm P - 56% L - 40% E - 4% ESR ½ hour – 7 mm 1 hour - 11mm Hb% - 72% Sugar (F) - 85mgs% Urea - 18 mgs% Cholesterol – 203 mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,600 cell/cumm P - 52% L - 46% E - 2% ESR ½ hour - 6 mm 1 hour - 11 mm Hb% - 74 % Sugar (F) - 90 mgs % Urea - 16mgs% Cholesterol – 200 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
Response : Good							

24. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Student	
Name: Kamalam	Age /Sex:20/F	Religion : Hindu	Dietary Habit : Mixed Diet	O .P. No: 19482	From : 17.3.08	To : 3.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 2 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 31/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++ + + + +	+ - - - -	TC – 9,800 cell/ cumm P - 65% L - 32% E - 3% ESR ½ hour - 13mm 1 hour - 15mm Hb% - 78% Sugar (F) - 115mgs% Urea - 30 mgs% Cholesterol – 158 mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,900 cell/cumm P - 66% L - 32% E - 2% ESR ½ hour - 8 mm 1 hour - 12 mm Hb% - 80 % Sugar (F) - 120 mgs % Urea - 28mgs% Cholesterol – 156 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
Response : Good							

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms

25. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife			
Name: Segathppappal		Age /Sex:33/F	Religion : Hindu	Dietary Habit : Mixed Diet	O. P. No:19483	From : 17.3.08	To : 3.5.08	No. of days treated: 48	
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 15 years									
	Before Treatment	After Treatment	Investigation						
			Before Treatment			After Treatment			
			Blood	Radiological Findings	Blood	Radiological Findings			
			1. Lower abdomen Pain	+++	+	TC – 9,400 cell/ cumm P - 62% L - 34% E - 4% ESR ½ hour - 8mm 1 hour - 15 mm Hb% - 71% Sugar (F) - 70 mgs% Urea - 15 mgs% Cholesterol – 143 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,600 cell/cumm P - 64% L - 32% E - 2% ESR ½ hour - 2 mm 1 hour - 3 mm Hb% - 73 % Sugar (F) - 63mgs% Urea - 12 mgs% Cholesterol – 140 mgs%	USG – ABDOMEN & PELVIS Normal study
			2. Constipation	+	-				
3.Anorexia	+	-							
4.Vomiting	+	-							
5.Nausea	++	+							
29/5 days-Menstrual cycle									

26. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: House wife		
Name: Lurthu anjala mercy		Age /Sex: 25/F	Religion : Christian	Dietary Habit : Mixed Diet	O. P. No: 19484	From :17.3.07	To :3.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 10 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
				Blood	Radiological Findings	Blood	Radiological Findings	
				TC – 9,500 cell/ cumm P - 64% L - 34% E - 2% ESR ½ hour - 9mm 1 hour - 12mm Hb% - 71% Sugar (R) – 135 mgs% Urea - 26 mgs% Cholesterol – 195 mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,600 cell/cumm P - 66% L - 32% E - 2% ESR ½ hour - 5 mm 1 hour - 8 mm Hb% - 72 % Sugar (PP) - 140mgs % Urea - 24mgs% Cholesterol – 190 mgs%	USG – ABDOMEN & PELVIS Normal study	
Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD						
			Response Poor					

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

27. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Student		
Name: Sindhu		Age /Sex: 18/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19486	From : 17.3.08	To : 3.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 4 years								
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
	+++	+++	TC – 9,200 cell/ cumm P - 58% L - 22% E - 2% ESR ½ hour - 7mm 1 hour - 13 mm Hb% - 74% Sugar (F) - 82 mgs% Urea - 20 mgs% Cholesterol – 180 mgs%	USG – ABDOMEN & PELVIS	TC – 9,400 cell/cumm P - 52% L - 20% E - 2% ESR ½ hour - 6 mm 1 hour - 8 mm Hb% - 76 % Sugar (F) - 80mgs% Urea - 18 mgs% Cholesterol – 176 mgs%	USG – ABDOMEN & PELVIS		
	+	+				Normal study		
	+	+		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	Urine : Albumin - Nil Sugar - Nil Deposit - NAD			
	+	+				Response Poor		

28. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Student		
Name: Arul aroiya selvi		Age /Sex:22/F	Religion : Christian	Dietary Habit : Mixed Diet	O.P. No: 19485	From : 17.3.08	To : 3.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 6 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After Treatment		
				Blood	Radiological Findings	Blood	Radiological Findings	
				TC – 9,400 cell/ cumm P - 54% L - 44% E - 2% ESR ½ hour - 8mm 1 hour - 12mm Hb% - 78% Sugar (F) - 79mgs% Urea - 15 mgs% Cholesterol - 147mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,600 cell/cumm P - 58% L - 40% E - 2% ESR ½ hour - 5 mm 1 hour - 9 mm Hb% - 80 % Sugar (F) - 84 mgs % Urea - 13mgs% Cholesterol - 152mgs%	USG – ABDOMEN & PELVIS Normal study	
Urine : Albumin Nil Sugar - Nil Deposit - NAD	Urine : Albumin - Nil Sugar - Nil Deposit - NAD							
Response Good								

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

29. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Student		
Name: Santhi		Age /Sex:20/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19487	From : 17.3.08	To : 3.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 4 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment		After Treatment			
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC – 9,600 cell/ cumm P - 62% L - 32% E - 6% ESR ½ hour - 8mm 1 hour - 12 mm Hb% - 75% Sugar (F) - 79 mgs% Urea - 18 mgs% Cholesterol - 170mgs%	USG – ABDOMEN & PELVIS	TC – 9,800 cell/cumm P - 60% L - 38% E - 2% ESR ½ hour - 5 mm 1 hour - 7 mm Hb% - 78% Sugar (F) - 73mgs% Urea - 16 mgs% Cholesterol - 168mgs%	USG – ABDOMEN & PELVIS	Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD				
Response								
Good								

30. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis : Soothagavali		Occupation: Cooly			
Name: Chithira		Age /Sex: 20/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P .No: 19488	From :17.3.08	To : 3.5.08	No. of days treated: 48	
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 5 years									
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation						
			Before Treatment			After Treatment			
				Blood	Radiological Findings	Blood	Radiological Findings		
				TC – 9,500 cell/ cumm P - 56% L - 40% E - 4% ESR ½ hour - 8mm 1 hour - 13mm Hb% - 68% Sugar (R) – 77 mgs% Urea - 19 mgs% Cholesterol – 162 mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,600 cell/cumm P - 58% L - 40% E - 2% ESR ½ hour - 5 mm 1 hour - 9 mm Hb% - 70 % Sugar (R) - 76 mgs % Urea - 15mgs% Cho lesterol – 160 mgs%	USG – ABDOMEN & PELVIS Normal study		
								Urine : Albumin- Nil Sugar - Nil Deposit - NAD	Urine : Albumin - Nil Sugar - Nil Deposit - NAD

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

31. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Teacher		
Name: Sudalai vadivu		Age /Sex : 35/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19672	From : 18.3.08	To : 4.5.08	No. of days treated:48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 15 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC – 9,600 cell/ cumm P - 60% L - 35% E - 5% ESR ½ hour – 1 mm 1 hour – 3 mm Hb% - 78% Sugar (PP) - 111mgs% Urea – 29mgs% Cholesterol - 173mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,800 cell/cumm P - 68% L - 30% E - 2% ESR ½ hour - 1 mm 1 hour - 2 mm Hb% - 80% Sugar (PP) – 105 mgs% Urea - 28mgs% Cholesterol - 170mgs%	USG – ABDOMEN & PELVIS		
						Normal study		
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD		
						Response Good		

32. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: House wife		
Name: Jey thun	Age /Sex: 30/F	Religion : Muslim	Dietary Habit :Mixed Diet	O.P. No: 19670	From : 18.3.08	To : 4.5.08	No. of days treated: 48	
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 16 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After treatment		
			Blood	Radiological Findings		Blood	Radiological Findings	
			TC – 9,600 cell/ cumm P - 66% L - 30% E - 4% ESR ½ hour – 12 mm 1 hour – 14 mm Hb% - 74% Sugar (F) - 79mgs% Urea - 17 mgs% Cholesterol - 150 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,800 cell/ cumm P - 64% L - 32.% E - 2% ESR ½ hour – 6 mm 1 hour - 7 mm Hb% - 78 % Sugar (F) - 76 mgs % Urea – 15 mgs% Cholesterol – 148 mgs%	USG – ABDOMEN & PELVIS Normal study		
							Urine : Albumin - Nil Sugar - Nil Deposit - NAD	Urine : Albumin - Nil Sugar - Nil Deposit - NAD
Response Good								

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

33. Drug : Venkaram powder - 1 mgm thrice with Luke warm water			Diagnosis: Soothagavali		Occupation: Teacher			
Name: Valli		Age /Sex : 38/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19674	From : 18.3.08	To :4.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 16 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC – 9,500 cell/ cumm P - 64% L - 34% E - 2% ESR ½ hour – 12 mm 1 hour – 15 mm Hb% - 78% Sugar (PP) – 84 mgs% Urea – 15 mgs% Cholesterol - 173mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,700 cell/cumm P - 62% L - 30% E - 2% ESR ½ hour - 6 mm 1 hour - 7 mm Hb% - 82% Sugar (PP) – 80 mgs% Urea – 14 mgs% Cholesterol – 169 mgs%	USG – ABDOMEN & PELVIS Normal study		
						Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD
						Response		
						Good		

34. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Teacher		
Name: Karthia	Age /Sex: 28/F	Religion : Hindu	Dietary Habit :Mixed Diet	O.P. No: 19675	From : 18.3.08	To : 4.5.08	No. of days treated: 48	
Complaints and Duration: Lower abdominal pain , Constipation, vomiting since 10 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After treatment		
			Blood	Radiological Findings		Blood	Radiological Findings	
			TC – 9,500 cell/ cumm P - 60% L - 38% E - 2% ESR ½ hour – 9 mm 1 hour – 18 mm Hb% - 61% Sugar (F) - 75mgs% Urea - 23 mgs% Cholesterol - 146 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,800 cell/ cumm P - 62% L - 36.% E - 2% ESR ½ hour – 4 mm 1 hour - 8 mm Hb% - 65 % Sugar (F) - 74 mgs % Urea – 20 mgs% Cholesterol – 140 mgs%	USG – ABDOMEN & PELVIS		
						Normal study		
Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Response Fair						

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

35. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Student		
Name: Sumathi		Age /Sex : 19/F	Religion : Hindu	Dietary Habit : Mixed Diet	0.P. No: 19673	From : 18.3.08	To : 4.5.08	No. of days treated:48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 4 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After treatment		
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC – 9,200 cell/ cumm P - 56% L - 26% E - 4% ESR ½ hour –8 mm 1 hour – 12 mm Hb% - 68% Sugar (R) – 80 mgs% Urea – 23 mgs% Cholesterol – 185 mgs%	USG – ABDOMEN & PELVIS Normal study	TC – 9,400 cell/cumm P - 54% L - 28% E - 2% ESR ½ hour - 6 mm 1 hour - 8 mm Hb% - 70 % Sugar (R) – 78 mgs% Urea - 20mgs% Cholesterol – 165 mgs%	USG – ABDOMEN & PELVIS		
						Normal study		
						Urine : Albumin - Nil Sugar - Nil Deposit - NAD		
Response Good								

36. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: Cooly		
Name: Mallika	Age /Sex: 30/F	Religion : Hindu	Dietary Habit :Mixed Diet	O.P. No: 19676	From : 18.3.08	To : 4.5.08	No. of days treated: 48	
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 15 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment			After treatment		
			Blood	Radiological Findings		Blood	Radiological Findings	
			TC – 9,000 cell/ cumm P - 66% L - 32% E - 2% ESR ½ hour – 12 mm 1 hour – 15 mm Hb% - 68% Sugar (R) - 89mgs% Urea - 19 mgs% Cholesterol - 159 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,200 cell/ cumm P - 60% L - 38.% E - 2% ESR ½ hour – 5 mm 1 hour - 11 mm Hb% - 70 % Sugar (R) - 86 mgs % Urea – 17 mgs% Cholesterol – 150 mgs%	USG – ABDOMEN & PELVIS		
						Normal study		
Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Response Fair						

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
 Fair response - Partial relief of signs and symptoms
 Poor response - No relief of signs and symptoms

37. Drug : Venkaram powder - 1 mgm thrice with Luke warm water			Diagnosis: Soothagavali		Occupation: Cooly			
Name: Meena		Age /Sex : 37/F	Religion : Hindu	Dietary Habit : Mixed Diet	O.P. No: 19918	From : 19.3.08	To : 5.5.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 15 years								
1. Lower abdomen Pain 2. Constipation 3.Anorexia 4.Vomiting 5.Nausea 30/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation					
			Before Treatment		After treatment			
			Blood	Radiological Findings	Blood	Radiological Findings		
			TC – 10,000 cell/ cumm P - 60% L - 36% E - 4% ESR ½ hour – 3 mm 1 hour – 6 mm Hb% - 70% Sugar (PP) – 110 mgs% Urea – 19 mgs% Cholesterol – 170 mgs%	USG – BDOMEN & PELVIS Normal study	TC – 10,200 cell/cumm P - 62% L - 36% E - 2% ESR ½ hour - 3 mm 1 hour - 5 mm Hb% - 72% Sugar (PP) – 106 mgs% Urea – 22 mgs% Cholesterol – 168 mgs%	USG – ABDOMEN & PELVIS		
						Normal study		
						Urine : Albumin - Nil Sugar - Nil Deposit - NAD		
Response Poor								

38. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: House wife	
Name: Parvathy	Age /Sex: 35/F	Religion : Hindu	Dietary Habit :Mixed Diet	O.P. No:18421	From : 12.3.08	To : 29.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 3 months							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment			After treatment	
			Blood	Radiological Findings		Blood	Radiological Findings
			TC – 9,100 cell/ cumm P - 58% L - 38% E - 4% ESR ½ hour – 12 mm 1 hour – 14 mm Hb% - 81% Sugar (F) - 85mgs% Urea - 12 mgs% Cholesterol - 211 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,300 cell/ cumm P - 58% L - 40.% E - 2% ESR ½ hour – 5 mm 1 hour - 7 mm Hb% - 83 % Sugar (F) - 86 mgs % Urea – 10 mgs% Cholesterol – 210 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
						Response Good	

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms

39. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: House wife	
Name: Sarasvathi	Age /Sex :24/F	Religion : Hindu	Dietary Habit : Mixed Diet	O. P. No: 18884	From : 14.3.08	To : 31.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 9 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	+++ + + ++ +	- + - - -	TC – 7,900 cell/ cumm P - 69% L - 30% E - 1% ESR ½ hour – 9 mm 1 hour – 12 mm Hb% - 68% Sugar (R) – 80 mgs% Urea – 20 mgs% Cholesterol – 170 mgs%	USG – BDOMEN & PELVIS Normal study	TC – 8,100 cell/cumm P - 66% L - 33% E - 1% ESR ½ hour - 4 mm 1 hour - 8 mm Hb% - 70% Sugar (PP) – 82 mgs% Urea – 18 mgs% Cholesterol – 165 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - 1 – 2 epithelial cells seen		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
						Response Good	

40. Drug : Venkaram powder - 1 mgm thrice with Luke warm water				Diagnosis: Soothagavali		Occupation: House wife	
Name: Amutha	Age /Sex: 38/F	Religion : Hindu	Dietary Habit : Mixed Diet	I.P. No: 18404	From : 12.3.08	To : 29.4.08	No. of days treated: 48
Complaints and Duration : Lower abdominal pain , Constipation, vomiting since 20 years							
1. Lower abdomen Pain 2. Constipation 3. Anorexia 4. Vomiting 5. Nausea 28/5 days-Menstrual cycle	Before Treatment	After Treatment	Investigation				
			Before Treatment		After treatment		
			Blood	Radiological Findings	Blood	Radiological Findings	
	++ + + + +	- - - - -	TC – 9,800 cell/ cumm P - 60% L - 39% E - 1% ESR ½ hour – 8 mm 1 hour – 15 mm Hb% - 71% Sugar (R) - 124 mgs% Urea - 19 mgs% Cholesterol - 131 mgs%	USG – ABDOMEN & PELVIS Normal study	TC - 9,900 cell/ cumm P - 58% L - 41.% E - 1% ESR ½ hour – 7mm 1 hour - 12 mm Hb% - 70 % Sugar (R) - 124 mgs % Urea – 16 mgs% Cholesterol – 128 mgs%	USG – ABDOMEN & PELVIS Normal study	
				Urine : Albumin - Nil Sugar - Nil Deposit - NAD		Urine : Albumin - Nil Sugar - Nil Deposit - NAD	
						Response Good	

+ Mild

- ++Moderate

- +++ Severe

Good Response

Fair response

Poor response

- Complete relief of signs and symptoms

- Partial relief of signs and symptoms

- No relief of signs and symptoms

+ Mild - ++Moderate - +++ Severe

Good Response - Complete relief of signs and symptoms
Fair response - Partial relief of signs and symptoms
Poor response - No relief of signs and symptoms